



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
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May 22, 2003

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**MATERNAL AND CHILD HEALTH LETTER OF ALLOCATION AND APPROVAL OF
AMENDMENT NO. 4 WITH GREAT BEGINNINGS FOR BLACK BABIES, INC. AND
HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC. (REI) FOR THE BLACK
INFANT HEALTH PROGRAM (All District) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Accept the attached Letter of Allocation (LOA) No. 200219, Exhibit I, from the California Department of Health Services (CDHS), in the amount of \$6,168,886 of which \$4,242,148 is to support the Department of Health Services' Maternal and Child Health (MCH) Program, and \$1,926,738 is allocated for the Black Infant Health (BIH) Program for Fiscal Year (FY) 2002-03 and approval to extend the FY 2002-03 State allocation for an additional 12 months for FY 2003-04, Exhibit II, at the same level of funding, contingent upon final State funding allocation.
2. Approve and instruct the Director of Health Services, or his designee, to sign Amendment No. 4 to Agreement No. H-208512 with Great Beginnings for Black Babies (GBBB), Exhibit III, in the amount of \$531,863 and Amendment No. 4 to Agreement No. H-208513 with Harbor/UCLA Research and Education Institute, (REI), Exhibit IV, in the amount of \$531,863, for the period of July 1, 2003 through June 30, 2004.
3. Delegate authority to the Director of Health Services, or his designee, to execute amendments and/or supplementals to the FY 2002-03 and FY 2003-04 LOA in an amount not to exceed 25% of the total award amount, subject to review and approval by County Counsel, and notification of Board offices.
4. Delegate authority to the Director of Health Services, or his designee, execute amendments and/or supplementals, substantially similar to Exhibits III and IV, with GBBB and REI for FY 2003-04, as applicable, contingent upon final funding allocations of State BIH funding.

5. Authorize the Department of Health Services (DHS or Department) to fill one Full Time Equivalent position (FTE), an Accountant II, as detailed in Attachment B, in excess of what is provided for in the Department's staffing ordinance, pursuant to Section 6.06.020 of the County Code, and subject to position allocation by the Department of Human Resources. The position is 100% offset by State MCH funds.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS:

In approving the recommended actions, the Board is:

- accepting the attached LOA from the CDHS in the amount of \$6,168,886 to support the Department of Health Services' MCH, and BIH Programs for FY 2002-03 and extending the FY 2002-03 State allocation for an additional 12 months for FY 2003-04 at the same level of funding, contingent upon final State funding allocation.
- authorizing the Director of Health Services, or his designee, to sign Amendment No. 4 to Agreement No. H-208512 with GBBB in the amount of \$531,863 and Amendment No. 4 to Agreement No. H-208513 with REI in the amount of \$531,863, for the period of July 1, 2003 through June 30, 2004.
- authorizing Director of Health Services, or his designee, to execute amendments and/or supplementals to the FY 2002-03 and FY 2003-04 LOA in an amount not to exceed 25% of the total award amount, subject to review and approval by County Counsel, and notification of Board offices.
- authorizing the Director of Health Services, or his designee, to execute amendments and/or supplementals, substantially similar to Exhibits III and IV, with GBBB and REI for FY 2003-04, as applicable, contingent upon final funding allocations of State BIH funding.
- authorizing DHS to fill one Full Time Equivalent position (FTE), an Accountant II, as detailed in Attachment B, 100% offset by State MCH funds.

The MCH and BIH programs focus on creating awareness for improved health care for mothers and their children. Board approval of the requested actions will allow DHS to continue MCH and BIH program activities countywide.

FISCAL IMPACT/FINANCING:

The total cost for the MCH Program for FY 2002-03 is \$10,204,998, of which \$4,242,148 is State funding, \$1,000,000 is offset by Proposition 10 funds, and the remaining \$4,962,850 are County matching funds.

The total cost for the BIH Program for FY 2002-03 is \$1,926,738, totally offset by State funding. Of this amount, \$14,418 is allocated for the BIH program operating expenses and the remaining \$1,912,320 is allocated for five BIH subcontract agreements. Three of the five existing BIH agreements expire on June 30, 2004.

Amendment No. 4 with GBBB and Harbor/UCLA REI are each in the amount of \$531,863, and will extend the agreements for the period of July 1, 2003 through June 30, 2004.

Funding is included in the FY 2002-03 Adopted Budget and in the FY 2003-04 Proposed Budget and will be requested in future fiscal years, if applicable.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

For a number of years, the Board has authorized continuation of MCH Program activities and has entered into agreements providing for State funding support.

On November 9, 1991, the Board approved the State/County agreement for the County BIH Program and has continued to provide supplemental funding due to increases in client services over a period of time.

Since 1997, the Department has maintained agreements with GBBB and REI to continue efforts to reduce African-American infant mortality and its underlying causes through a comprehensive-based effort by assuring that at-risk pregnant and parenting African American women and their infants have access to quality MCH services.

On subsequent occasions, the Board has approved renewal agreements and amendments to provide additional funding and to maintain the continuity of services.

In November, 2000, the CDHS awarded DHS additional funds to implement additional BIH services in Los Angeles County. Additionally, DHS analyzed data to prioritize expansion of BIH services to other Service Planning Areas (SPAs) based on perinatal health indicators. Consequently, BIH services were extended to Antelope Valley, San Fernando Valley, and the San Gabriel Valley, SPAs 1, 2, and 3, respectively.

On January 8, 2001, the Board approved new agreements to extend BIH services with Prototypes, Mission City Community Network, and Partners in Care Foundation through June 30, 2004.

On June 19, 2001, the Board approved Amendment No. 2 with GBBB and REI for the period of July 1, 2000 through June 30, 2001, with provision for a two year automatic renewal through June 30, 2003.

Amendment No. 3 added the Health Insurance Portability and Accountability Act of 1996 provision.

Approval of Amendment No. 4 for GBBB and REI will extend the term of each agreement from July 1, 2003 through June 30, 2004.

County Counsel has reviewed Exhibits I through IV as to use and form.

Attachments A, B, C and D provide additional information.

CONTRACTING PROCESS:

On February 18, 1997, DHS released a Request for Proposals (RFP) to agencies with interest and experience in providing BIH services under contract with the County. GBBB and REI were selected as successful proposers to provide BIH services from five respondents.

The Honorable Board of Supervisors
May 22, 2003
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On July 23, 2001, the Department conducted a second competitive solicitation process to expand the service areas to include SPAs 1, 2, and 3. Proposals were received from SPAs 3 and 1, no applications were received from SPA 2.

Upon completion of a comprehensive proposal review and evaluation, Prototypes was recommended for funding for SPA 3 and DHS recommended sole source contracts with Partners in Care Foundation for SPA 1 and Mission City Community Network for SPA 2.

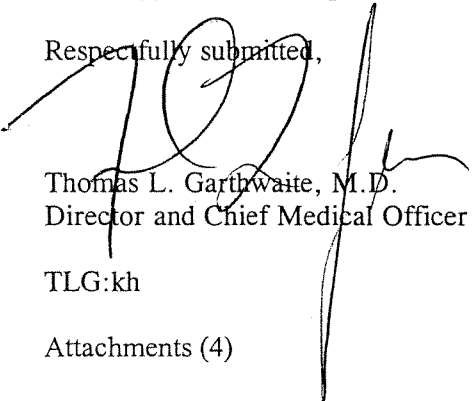
IMPACT ON CURRENT SERVICES (OR PROJECTS):

The Board's approval of the recommended actions will maintain the current level of services Countywide. Funding provided by CDHS will allow DHS to continue to provide MCH services to improve the health care for women of childbearing age, children, adolescents, and their families.

The service areas for GBBB and REI encompass selected zip codes in SPAs 4 (Metro), 5 (West), 6 (South), 7 (East), and 8 (South Bay). The current BIH service area combined accounts for 62% of the population of African-American women of reproductive age living in poverty. Continuation of BIH services to African-American pregnant and parenting women, infants from birth through 24 months and their families will maintain the continuity of care and services of the BIH program.

When approved, the Department requires three signed copies of the Board's action.

Respectfully submitted,



Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:kh

Attachments (4)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

BLET/CD2426:KH

SUMMARY OF AGREEMENT

1. **TYPE OF SERVICES:**

Maternal and child health services to improve the health care for women of childbearing age, children adolescents and their families; and to improve the health care of African American mothers and their children and create awareness of the need for improved health care and to reduce infant mortality.

2. **AGENCY/ CONTACT PERSON:**

California Department of Health Services
Maternal and Child Health Branch
714 "P" Street, Room 740
Sacramento, California 94234-7320
Attention: Susan J. Steinberg, M.D., Acting Chief
Telephone: (916) 657-1347 Internet Address: www.dhs.ca.gov

Subcontracts:

Great Beginnings for Black Babies (GBBB)
3311 West Manchester Ave, Suite 301
Los Angeles, California 90305
Attention: Zola Jones, Executive Director
Telephone: (323) 789-7955
Facsimile: (323) 789-7960

Harbor-UCLA Research and Education Institute, Inc. (REI)
1124 West Carson Street, Bldg., N14
Torrance, California 90502
Attention: Alisha Bender, Grants & Contracts
Telephone: (310) 222-3621
Facsimile: (310) 320-6515

3. **TERM OF AGREEMENT:**

The LOA is for the Period of FY 2002-03, with provision for a 12 month extension for FY 2003-04, contingent upon final State funding allocation. Amendment No. 4 with GBBB and REI is for the period of July 1, 2003 through June 30, 2004.

4. **FINANCIAL INFORMATION:**

The total cost for the MCH Program for FY 2002-03 is \$10,204,998, of which \$4,242,148 is State funding, \$1,000,000 is offset by Proposition 10 funds, and the remaining \$4,962,850 are County matching funds.

The total cost for the BIH Program for FY 2002-03 is \$1,926,738, totally offset by State funding. Of this amount, \$14,418 is allocated for the BIH program operating expenses and the remaining \$1,912,320 is allocated for five BIH subcontract agreements. Three of the five existing BIH agreements expire on June 30, 2004.

Amendment No. 4 with GBBB and Harbor/UCLA REI are each in the amount of \$531,863 and will extend the agreements for the period of July 1, 2003 through June 30, 2004.

Funding is included in the FY 2002-03 Adopted Budget and in the FY 2003-04 Proposed Budget and will be requested in future fiscal years, if applicable.

5. **GEOGRAPHIC AREA TO BE SERVED:**

Countywide

6. DESIGNATED ACCOUNTABLE FOR PROJECT MONITORING:

James G. Haughton, M.D., M.P.H., Public Health, Medical Director

7. APPROVALS:

Public Health: John F. Schunhoff, Ph.D., Chief of Operations

Contracts and Grants Division: Riley J. Austin, Acting Chief

County Counsel (approval as to form): Robert E. Ragland, Senior Deputy County Counsel

BLETCD2426:KH
5/13/03

MATERNAL AND CHILD HEALTH
POSITION ALLOCATION REQUEST
Personnel Detail

Position requested: Accountant II

Number of Position(s): 1

<u>Proposed Duties (List in order of importance):</u>	<u>Percent of Time</u>
1. Responsible for the performing of more difficult and complex functions related to the accounting, reporting and billing of various grants and contracts.	15%
2. Prepare difficult and complex grant/contract budgets and revisions in accordance with granting agency and County fiscal requirement.	10%
3. Provide the more difficult and complex fiscal support and assistance to various Program Offices to maximize the utilization of grant funds.	10%
4. Analyze and interpret difficult and complex changes in fiscal requirements of funding agencies and County policy and recommend steps for their implementation.	10%
5. Coordinate with other governmental agencies or departments in establishing difficult and complex accounting procedures and controls.	5%
6. Analyze difficult and complex billing and reimbursement requirements of State/Federal programs and recommend steps for their implementation.	15%
7. Review funding and fiscal requirements for difficult and complex agreements and contracts before submission to the Board for accuracy and appropriateness.	10%
8. Implement especially complex and extensive billing and reporting modifications as required by various funding agencies.	10%
9. Process encumbrance request and subcontract invoices according to the established County accounting procedures and contract agreements.	5%
10. Maintain accounting records to support reimbursement claims billed to grant agency for potential audits.	8%
11. Prepare journal vouchers to correct accounting transaction posting errors and transfer expenditure or revenue to the correct cost centers and accounts.	2%

100%

**Los Angeles County Chief Administrative Office
Grant Management Statement for Grants Exceeding \$100,000**

Department: Health Services

Grant Project Title and Description - **Maternal Child Health and Black Infant Health Programs**

Maternal and Child Health services to improve the health care of women of childbearing age, children a, adolescents and their families; and to improve the health care of African American mothers and their children for improved health care and to reduce infant mortality.

Funding Agency	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance Deadline
CDHS	Letter of Allocation No. 200219	June 30, 2003

Total Amount of Grant	\$6,168,886	County Match Requirements	N/A
Grant Period: FY 2002-03	Begin July 1, 2003	End Date:	06/30/03
Number of Personnel Hired -Grant	0	Full	Part Time

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program?	Yes	X	No
Will all personnel hired for this program be placed on temporary ("N") items?		X	No
Is the County obligated to continue this program after the grant expires	Yes		No X
If the County is not obligated to continue this program after the grant expires, the Department will:			
a). Absorb the program cost without reducing other services	Yes		No X
b). Identify other revenue sources	Yes		No X
Describe			
c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant.	Yes	X	No

Impact of additional personnel on existing space: None

Other requirements not mentioned above: None

Department Head Signature

Date 5/22/03

**Los Angeles County Chief Administrative Office
Grant Management Statement for Grants Exceeding \$100,000**

Department: Health Services

Grant Project Title and Description - Maternal Child Health and Black Infant Health Programs

Maternal and Child Health services to improve the health care of women of childbearing age, children a, adolescents and their families; and to improve the health care of African American mothers and their children for improved health care and to reduce infant mortality.

Funding Agency	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance Deadline
CDHS	Letter of Authorization for 12 Month Extension	ASAP

Total Amount of Grant	\$6,168,886	County Match Requirements	N/A
Grant Period: FY 2003-04	Begin July 1, 2003	End Date:	June 30, 2004
Number of Personnel Hired -Grant		Full	Part Time

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program?	Yes	X	No
Will all personnel hired for this program be placed on temporary ("N") items?		X	No
Is the County obligated to continue this program after the grant expires	Yes		No X
If the County is not obligated to continue this program after the grant expires, the Department will:			
a). Absorb the program cost without reducing other services	Yes		No X
b). Identify other revenue sources	Yes		No X
Describe			
c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant.	Yes	X	No

Impact of additional personnel on existing space: None -

Other requirements not mentioned above: None

Department Head Signature

Date 5/22/03



DIANA M. BONTÁ, R.N., Dr. P.H.
Director

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

Ms. Cynthia Harding
MCH Director
Los Angeles County Health Department
313 North Figueroa Street, Room 806
Los Angeles, CA 90012

Dear Ms. Harding:

MATERNAL AND CHILD HEALTH (MCH) ALLOCATION #200219

The MCH Branch of the Department of Health Services (DHS) approves your Agency's fiscal year (FY) 2002/03 MCH Allocation Plan and Budget for administration of the MCH Programs.

To carry out the program(s) outlined in the enclosed MCH Allocation Plan and Budget(s), during the period of July 1, 2002, through June 30, 2003, the MCH Branch will reimburse expenditures up to the following amounts:

Maternal and Child Health Branch	\$ 4,242,148
Black Infant Health Program	\$ 1,926,738

Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the State MCH Program and adherence to all applicable regulations, and adherence to DHS MCH Branch policies and procedures.

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement.

APR 01 REC'D
[Signature]




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www.consumerenergycenter.org/flex/index.html

Ms. Cynthia Harding
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If any of the information contained in the enclosed MCH Allocation Plan and Budget is incorrect or different from that negotiated, please contact your Contract Manager, Karen Fairgrievs, at (916) 657-0396 within 14 calendar days from the date of this letter. Nonresponse constitutes acceptance of the enclosed documents.

Sincerely,



Susann J. Steinberg, M.D.
Acting Chief
Maternal and Child Health Branch

Enclosures

cc: Chair, Board of Supervisors
Los Angeles County Health Department
313 North Figueroa Street, Room 806
Los Angeles, CA 90012

Karen Fairgrievs
Contract Manager
Operations Section
Maternal and Child Health Branch
714 P Street, Room 708
Sacramento, CA 95814

Emeterio Gonzalez, M.D., FACOG
PHMO II
Program Policy Section
Maternal and Child Health Branch
714 P Street, Room 750
Sacramento, CA 95814

I. BUDGET SUMMARY PAGE FY: 2002-03

Budget Revision Number: Original

Title V Balance	SCF Balance	Prop 99 Balance	Total Balance
	1		1

Base MCF	% Personnel Matched
0.51	52.08%

Program:		MCH Maternal and Child Health		UNMATCHED FUNDING										NON - ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
Agency:	Los Angeles County			MCH-TV		MCH-GF		AGENCY		MCH-N		CNTY-N		MCH-E		CNTY-E							
Allocation/Grant No.:	200219	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)					
EXPENSE CATEGORY	TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local Revenue	%	Combined Fed/State	%	Combined Fed/Agency	%	Combined Fed/State	%	Combined Fed/Agency	MCF Fee Staff	Staff traveling						
(I) PERSONNEL	7,539,281	4.60%	346,638			38.13%	2,874,438	2.24%	169,192	26.74%	2,015,845	6.19%	466,537	22.11%	1,666,631	100.0%							
(II) OPERATING EXPENSES	555,961	3.20%	17,765			42.20%	234,632	6.51%	36,184	44.47%	247,236	0.71%	3,969	2.91%	16,174	100.0%							
(III) CAPITAL EXPENDITURES																							
(IV) OTHER COSTS	1,544,497					45.45%	701,974			54.55%	842,523					100.0%							
(V) INDIRECT COSTS	565,260	4.59%	25,958			38.16%	215,730	8.42%	47,610	48.82%	275,962					100.0%							
10% MAX)	10.00%																						
TOTALS*	10,204,999	3.83%	390,361			39.46%	4,026,774	2.48%	252,986	33.14%	3,381,566	4.61%	470,506	16.49%	1,662,805								
Maximum Amount Payable from State and Federal resources:		4,242,148																					
				State Funding		Small City Project		Budgeted		Balances						% of Budget							
Total Title V				390,361				390,361		1						3.83%							
Total State General Funds				244,120				2,39%								2.39%							
Total FY 02/03 Prop 99 Allocation				175,408				175,408								1.72%							
Total Agency General Fund (Prior Year Prop 99 Rollover is included in Agency General Fund)								5,962,850		n/a						58.43%							
Total Matching Title XIX								3,432,259		n/a						33.63%							
Totals				809,893				10,204,998		1						100.00%							

Maximum Amount Payable from State and Federal resources: 4,242,148

Total Title V		State Funding	Small City Project	Budgeted	Balances	% of Budget
Total State General Funds	390,361	244,120		244,120	1	3.83%
Total FY 02/03 Prop 99 Allocation	175,408			175,408		2.39%
Total Agency General Fund (Prior Year Prop 99 Rollover is included in Agency General Fund)	5,962,850			3,432,259	n/a	1.72%
Total Matching Title XIX	10,204,998	809,889			1	58.43%
Totals						33.63%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCH ADMINISTRATIVE AND PROGRAM POLICIES.

MCH/PROJECT DIRECTOR'S SIGNATURE

DATE

AGENCY FISCAL AGENT'S SIGNATURE

DATE

* These amounts contain local revenue submitted for information and matching purposes. MCH does not reimburse Agency contributions.

State Use Only

	MCH-TV	MCH-GF	MCH-N	CNTY-N	MCH-E	CNTY-E
(I) PERSONNEL	346,638		169,192	1,007,923	466,537	1,249,973
(II) OPERATING COSTS	17,765		36,184	123,618	3,969	12,131
(III) CAPITAL EXPENDITURES						
(IV) OTHER COSTS	25,958		47,610	421,262		
(V) INDIRECT COSTS			252,986	137,981		
Totals for PCA Codes **	4,066,740	390,361		1,690,783	470,506	1,262,104

Program:		MCH Maternal and Child Health				UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:		Los Angeles County		MCH-TV		MCH-GF		AGENCY		MCH-N		CNTY-N		MCH-E		CNTY-E				
Allocation/Grant No.:		200219		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY		TOTAL FUNDING		%	Federal Title V	%	State General Funds	%	Local * Revenue	%	Combined Fed/State	%	Combined Fed/Agency	%	Combined Fed/State	%	Combined Fed/Agency	%	MCH Pw State	State

47,267

[illegible]

IV. OTHER COSTS WORKSHEET

[illegible]

FY 2002-2003 Budget																		
Program: MCH Maternal and Child Health				UNMATCHED FUNDING							Maternal and Child Health Branch NON - ENHANCED MATCHING (50/50)							
Agency: Los Angeles County				MCH-TV			MCH-GF			AGENCY			MCH-N			MCH-E		
Allocation/Grant No.: 200219				(1)			(2)			(3)			(4)			(5)		
EXPENSE CATEGORY				TOTAL FUNDING			%			Federal Title V			State General Funds			Local Revenue		

1. PERSONNEL WORKSHEET

TOTAL PERSONNEL COSTS				7,539,281				346,638				2,874,438				1,666,631			
BENEFIT RATE																			
ACTUAL BENEFITS				1,886,684				87,060				717,142				500,438			
TOTAL WAGES				5,652,597				259,578				2,157,296				1,515,407			
STAFF																			
TITLE OR CLASS				FTE				ANNUAL SALARY											
1				LT				49,014				49,014				49,00%			
2				KL				69,078				69,078				69,00%			
3				HP				69,078				69,078				69,00%			
4				JF				69,078				69,078				69,00%			
5				JR				69,078				69,078				69,00%			
6				OA				69,078				69,078				69,00%			
7				JB				69,078				69,078				69,00%			
8				vac				83,628				83,628				83,60%			
9				RS				186,024				186,024				186,00%			
10				SG				65,751				65,751				65,751			
11				CA				65,751				65,751				65,751			
12				LL				32,876				32,876				32,876			
13				AC				48,676				48,676				48,676			
14				CG				61,528				61,528				61,528			
15				DK				46,244				46,244				46,244			
16				DL				66,897				66,897				66,897			
17				AA				34,452				34,452				34,452			
18				Int. Typist Clerk MCH				100.00%				100.00%				100.00%			
19				SS				29,269				29,269				29,269			
20				SP				29,269				29,269				29,269			
21				Med. Steno				37,054				37,054				37,054			
22				BVV				45,603				45,603				45,603			
23				TH				45,686				45,686				45,686			
24				MD				137,646				137,646				137,646			
25				Phys. Specialist, MD MC				80,689				80,689				80,689			
26				Program Manager I MC				100.00%				100.00%				100.00%			
27				YRJ				55,195				55,195				55,195			
28				LM				74,754				74,754				74,754			
29				CH				96,230				96,230				96,230			
30				PHN PCG				63,686				63,686				63,686			
31				ML				63,686				63,686				63,686			
32				BG				63,686				63,686				63,686			
33				XH				63,686				63,686				63,686			
34				SH				63,686				63,686				63,686			
35				RM				63,686				63,686				63,686			
36				RR				63,686				63,686				63,686			
37				GN				63,686				63,686				63,686			
38				PHN FLMR				100.00%				100.00%				100.00%			

Program: MCH Maternal and Child Health

UNMATCHED FUNDING

NON - ENHANCED MATCHING (50/50)

ENHANCED MATCHING (75/25)

Agency:		Los Angeles County																			
Allocation/Grant No.:		200219																			
EXPENSE CATEGORY		TOTAL FUNDING		(1)		(2)		(3)		(4)		(5)		(6)		(7)		(8)		(9)	
				%		%		Federal Title V		%		State General Funds		%		Local Revenue		%		Combined Fed/State	
39	RC Research Ana III MCH	100.00%	58,849	58,849											49.00%	28,836					51.00%
40	GH Research Ana III MCH	100.00%	52,796	52,796											49.00%	25,870					51.00%
41	KD Research Ana II MCH	100.00%	50,010	50,010											49.00%	24,505					51.00%
42	HL Research Ana II MCH	100.00%	50,010	50,010											49.00%	24,505					51.00%
43	GB Secretary III CAPP	100.00%	37,054	37,054											100.00%	37,054					
44	EN Secretary III CPSP FIM	65.00%	37,054	24,085	5.00%	1,204										65.00%			15,655		
45	YV Secretary IV MCH	100.00%	39,091	39,091	0.00%	0									49.00%	19,155					16.00%
46	HS Sr. Health Educator CP	100.00%	54,655	54,655	0.00%	0									10.00%	5,466					20.00%
47	BK Sr. Secretary IV MCH	100.00%	49,280	49,280											49.00%	24,147					51.00%
48	DE Sr. Secretary IV MCH	100.00%	49,280	49,280	0.00%	0									49.00%	24,147					21.00%
49	BB Sr. Typist Clerk CAPP	100.00%	32,979	32,979	0.00%	0									70.00%	23,085					30.00%
50	AT Staff Ana Hlm MCH	75.00%	34,367	25,775											49.00%	12,630					51.00%
51	RF Staff Asst. II MCH	100.00%	47,267	47,267											49.00%	23,161					51.00%
52	JP Staff Asst. II MCH	100.00%	47,267	47,267											49.00%	23,161					51.00%
53	LA Staff Asst. II MCH	100.00%	40,253	40,253											49.00%	19,724					51.00%
54	BS Asst Staff Ana MCH	20.00%	65,431	13,086											49.00%	6,412					51.00%
55	TL Data Sys Ana II MCH																				
56	RF HD Pers/Tech MCH	10.00%	69,075	6,908											49.00%	3,385					51.00%
57	PN HC Finance Ana MCH																				
58	EB Pricmnt Asst III MCH																				
59	JA Sr. Fiscal Ana	15.00%	83,270	12,491											49.00%	6,120					51.00%
60	NM Staff Analyst Hlm																				
61	Int. Typist Clrk CHI	100.00%	29,269	29,269											49.00%	14,342					51.00%
62	Int. Typist Clrk CHI	100.00%	7,156	7,156											100.00%	7,156					
63	MB Secretary III CHI	100.00%	37,054	37,054											49.00%	18,156					51.00%
64	Secretary III CHI	100.00%	37,054	37,054											49.00%	18,156					51.00%
65	SG Sr. Secretary III CHI	100.00%	46,696	46,696											49.00%	22,881					51.00%
66	SC Sr. Analyst HS MCH	100.00%	83,270	83,270											49.00%	40,802					51.00%
67	WS Sr. Analyst HS MCH	100.00%	83,270	83,270											49.00%	40,802					51.00%
68	SB Staff Analyst Hlm MCH	100.00%	72,931	72,931											49.00%	35,736					51.00%
69	Staff Analyst Hlm MCH	100.00%	72,931	72,931											49.00%	35,736					51.00%
70	Staff Analyst Hlm MCH	100.00%																			
71	JA Staff Analyst Hlm MCH	100.00%	72,931	72,931											49.00%	35,736					51.00%
72	VR Staff Analyst Hlm MCH	100.00%	72,931	72,931											49.00%	35,736					51.00%
73	MA Staff Analyst Hlm MCH	100.00%	72,931	72,931											49.00%	35,736					51.00%
74	WV Staff Analyst Hlm	100.00%	72,931	72,931											49.00%	35,736					51.00%
75	PHN	100.00%																			
76	PHN	100.00%																			
77	RR PHN Supvr FISP	100.00%	69,078	69,078	0.00%	0									40.00%	27,631					15.00%
78	TS PHN FISP	100.00%	63,686	63,686	0.00%	0									40.00%	25,474					15.00%
79	VL PHN FISP	100.00%	63,686	63,686	0.00%	0									40.00%	25,474					15.00%
80	MN PHN FISP	100.00%	63,686	63,686	0.00%	0									40.00%	25,474					15.00%
81	GB PHN FISP	100.00%	63,686	63,686	0.00%	0									40.00%	25,474					15.00%
82	GY PHN FISP	100.00%	63,686	63,686	0.00%	0									40.00%	25,474					15.00%
83	MR PHN FISP	100.00%	63,686	63,686	0.00%	0									40.00%	25,474					15.00%
84	MB PHN FISP	100.00%	63,686	63,686	0.00%	0									40.00%	25,474					15.00%

Program: MCH Material and Child Health

UNMATCHED FUNDING

NON - ENHANCED MATCHING (50/50)

ENHANCED MATCHING (75/25)

Agency:		Los Angeles County		MCH-TV		MCH-GF		AGENCY		MCH-N		CNTY-N		MCH-E		CNTY-E			
Allocation/Grant No.:		200219		(1)		(2)		(3)		(4)		(5)		(6)		(7)		(8)	
EXPENSE CATEGORY		TOTAL FUNDING		%		Federal Title V		State General Funds		Local Revenue		%		Combined Fed/State		%		Combined Fed/Agency	
65	YS	PHN FISP	100.00%	63,686	0.00%	0		40.00%		25,474				15.00%		9,553			
66	LE	Int. Typist Chk	100.00%	63,686	0.00%	0		40.00%		23,673				10.00%		6,576			
67	MR	PHN FISP	100.00%	65,757	0.00%	0		36.00%		11,503				64.00%		20,450			
68	MR	Sr. Typist Chk	100.00%	31,953	0.00%	0		36.00%		22,927				22.00%		14,011			
69	MA	PHN PCG	100.00%	63,686	0.00%	0		36.00%		22,927				22.00%		14,011			
90	TA	PHN PCG	100.00%	63,686	0.00%	0		36.00%		22,927				22.00%		14,011			
91	CD	PHN	100.00%	63,686	0.00%	0		36.00%		22,927				22.00%		14,011			
92	DL	PHN	100.00%	63,686	0.00%	0		36.00%		22,927				22.00%		14,011			
93	ML	PHN	100.00%	57,135	0.00%	0		36.00%		20,569				22.00%		12,570			
94	CM	PHN	100.00%	57,135	0.00%	0		36.00%		20,569				22.00%		12,570			
95	AC	PHN	100.00%	57,135	0.00%	0		36.00%		20,569				22.00%		12,570			
96	DS	PHN Supvr PCG	100.00%	69,078	0.00%	0		36.00%		24,868				32.00%		22,105			
97	GC	Sr. Typist Chk PCG	100.00%	32,979	0.00%	0		36.00%		11,872				32.00%		10,553			
98	MM	Sr. Typist Chk	100.00%	32,979	0.00%	0		36.00%		11,872				32.00%		10,553			
99	JM	PHN FISP	100.00%	61,729	0.00%	0		43.00%		26,543				15.00%		9,259			
100	LM	PHN FISP	100.00%	61,729	0.00%	0		43.00%		26,543				15.00%		9,259			
101	DN	PHN FISP	100.00%	61,729	0.00%	0		43.00%		26,543				15.00%		9,259			
102	JO	PHN FISP	100.00%	61,729	0.00%	0		43.00%		26,543				15.00%		9,259			
103	PHN	FISP	100.00%	61,729	0.00%	0		43.00%		26,543				15.00%		9,259			
104	LW	PHN FISP	100.00%	30,865	0.00%	0		43.00%		13,272				15.00%		4,630			
105	LM	PHN Supvr	100.00%	66,955	0.00%	0		43.00%		28,791				20.00%		13,391			
106	LE	Int. Typist Chk FISP	100.00%	23,572	0.00%	0		43.00%		10,136				20.00%		4,714			
107	HC	Int. Typist Chk	100.00%	23,572	0.00%	0		43.00%		10,136				20.00%		4,714			
108	SW	Int. Typist Chk	100.00%	23,572	0.00%	0		43.00%		10,136				20.00%		4,714			
109	Admin	Intern	100.00%																
110	Admin	Intern	100.00%																
111	Student	Prof. Wks	100.00%	19,698				49.00%		9,652				51.00%		10,046			
112	Accountant	II	100.00%	46,241				49.00%		22,658				51.00%		23,583			
113																			
114																			
115																			
116																			
117	LL	#12 CSWC MCH	75.00%	32,876	0.00%	0		49.00%		12,082				21.00%		5,178			
118	BW	#22 Nurse Mgr MCH	40.00%	96,603	49.00%	18,934								26.00%		10,047			
119	BW	#22 Nurse Mgr POE/BI	5.00%	96,603	36.00%	1,739								41.00%		1,980			
120	BW	#22 Nurse Mgr FIMARS	10.00%	96,603	100.00%	9,660													
121	EN	#44 Secy III MCH	20.00%	37,054	49.00%	3,631								1.927		17,701			
122	EN	#44 Secy III POE/BI	5.00%	37,054	36.00%	667								963					
123	EN	#44 Secy III FIMARS/ID	10.00%	37,054	100.00%	3,705													
124	AT	#50 Staff Ana Hlth MCH	100.00%	34,708				49.00%		17,007				51.00%					
125																			
126																			
127																			
128																			
129																			
130																			

PERSONNEL ACTUAL BENEFITS WORKSHEET AND MEDICAL FACTOR IDENTIFICATION

Program:		Maternal and Child Health									
Agency:		Los Angeles County									
Allocation/Grant No.:		200219									
				(1)	(2)	(3)	(4)	(5)	(6)	(8)	(10)
				TOTAL FUNDING	Benefit Rate Per Staff	Actual Benefit Amount Per Staff	MCF from Budget Column (16)	Variable MCF (Enter "V" if true)	Program Name	Identify the Medi-Cal Factor Data Source	Explain any Non-Standard Medi-Cal Factor Data Source
S	STAFFING	% FTE	ANNUAL SALARY								
1	LT Admin Asst II MCH	100.00%	49,014	49,014	32.39%	15,873.23	51.00%		MCAH Admin.	Base MCF	
2	KL APS, PHN MCH	100.00%	69,078	69,078		23,690.98	51.00%		CAH	Base MCF	
3	HP APS, PHN CPSP	100.00%	69,078	69,078		23,690.98	100.00%		CPSP	Program	The purpose of this program is to provide Medi-Cal eligible pregnant women
4	JF APS, PHN CPSP	100.00%	69,078	69,078		23,690.98	100.00%		CPSP	Program	The purpose of this program is to provide Medi-Cal eligible pregnant women
5	JR APS, PHN CPSP	100.00%	69,078	69,078		23,690.98	100.00%		CPSP	Program	The purpose of this program is to provide Medi-Cal eligible pregnant women
6	OA APS, PHN CPSP	100.00%	69,078	69,078		23,690.98	100.00%		CPSP	Program	The purpose of this program is to provide Medi-Cal eligible pregnant women
7	JB APS, PHN PCG	100.00%	69,078	69,078		23,690.98	64.00%		PCG	Targeted zip codes	PCG Program provides outreach, education and case management services to targeted high risk zipcodes.
8	vac Chief Physician II MCH	100.00%	83,628	83,628	32.39%	27,083.01	51.00%		MCAH Admin.	Base MCF	
9	RS Chief Physician I MCH	100.00%	186,024	186,024	32.39%	60,244.06	51.00%		MCAH Admin.	Base MCF	
10	SG Clin SW Consult CP	100.00%	65,751	65,751	32.39%	21,293.53	51.00%		CAPP	Base MCF	
11	CA Clin SW Consult CP	100.00%	65,751	65,751	32.39%	21,293.53	100.00%		CPSP	Program	The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women
12	IL Clin SW Consult MCH	100.00%	32,876	32,876	32.39%	10,646.93	51.00%		MCAH Admin.	Base MCF	
13	AC Data Sys. Ana. I MCH	100.00%	48,676	48,676	32.39%	15,763.77	51.00%		REP	Base MCF	
14	CG Data Sys. Ana. II MCH	100.00%	61,528	61,528	32.39%	19,925.90	51.00%		REP	Base MCF	
15	DK Epi. Analyst MCH	100.00%	46,244	46,244	32.39%	14,976.17	51.00%		REP	Base MCF	
16	DL Epidemiologist MCH	100.00%	66,897	66,897	32.39%	21,664.66	51.00%		REP	Base MCF	
17	AA Health Ed Asst. CPSP	100.00%	34,452	34,452		12,357.31	100.00%		CPSP	Program	The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women
18	SS Int. Typist Clerk MCH	100.00%	29,269	29,269	32.39%	9,478.79	51.00%		CAH	Base MCF	
19	SP Int. Typist Clerk MCH	100.00%	29,269	29,269	32.39%	9,478.79	51.00%		REP	Base MCF	
20	Med. Sterno	100.00%	37,054	37,054	32.39%	11,999.97	51.00%		MCAH Admin.	Base MCF	
21	Nurse Manager MCH P	45.00%	96,603	43,471	32.39%	14,078.24	100.00%		CPSP	Program	The Nurse Manager directs CPSP, and FHR, and consults on BIR and DOE Programs
22	TH Nutritionist II CPSP	100.00%	45,686	45,686	32.39%	14,795.46	100.00%		CPSP	Program	The purpose of this program is to provide Medi-Cal services to Medi-Cal eligible pregnant women
23	MD Phys. Specialist, MD CA	100.00%	137,646	137,646	32.39%	44,576.79	51.00%		CAPP	Base MCF	
24	Phys. Specialist, MD MC	100.00%	80,689	80,689	32.39%	26,131.21	51.00%		CAH	Base MCF	
25	Program Manager I MC	100.00%	55,195	55,195	32.39%	17,874.96	64.00%		MCAH Admin.	Base MCF	
26	Program Manager II BIR	100.00%	74,754	74,754	32.39%	24,209.16	51.00%		BIR	Targeted zip codes	BIR Program provides outreach, education and case coordination services in targeted high risk zipcodes.
27	Prog. Specialist, PHN MC	100.00%	96,230	96,230	32.39%	31,164.18	51.00%		PNHP	Base MCF	
28	Prog. Administrator MC	100.00%	63,686	63,686		21,944.77	64.00%		MCAH Admin.	Base MCF	
29	PHN PCG	100.00%	63,686	63,686		21,944.77	64.00%		PCG	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
30	PHN PCG	100.00%	63,686	63,686		21,944.77	64.00%		PCG	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
31	PHN PCG	100.00%	63,686	63,686		21,944.77	64.00%		PCG	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
32	PHN PCG	100.00%	63,686	63,686		21,944.77	64.00%		PCG	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
33	PHN PCG	100.00%	63,686	63,686		21,944.77	64.00%		PCG	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
34	PHN PCG	100.00%	63,686	63,686		21,944.77	64.00%		PCG	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
35	PHN PCG	100.00%	63,686	63,686		21,944.77	64.00%		PCG	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
36	PHN PCG	100.00%	63,686	63,686		21,944.77	64.00%		PCG	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
37	PHN FHR SIDS	100.00%	63,686	63,686		23,144.77			FHR/SIDS	not matchable	

Allocation/Grant No.:		200219	(1)		MCF from Budget Column (16)	Variable MCF (Enter "Y" if true)	Program Name	Identify the Medi-Cal Factor Data Source	Explain any Non-Standard Medi-Cal Factor Data Source
			TOTAL FUNDING	Benefit Rate Per Staff					
36	PHN FMR	100.00%					FMR/PCG	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
39	Research Area III MCH	100.00%	58,849	32.39%	19,058.31	51.00%	REP	Base MCF	
40	Research Area III MCH	100.00%	52,796	32.39%	17,098.04	51.00%	REP	Base MCF	
41	Research Area III MCH	100.00%	50,010	32.39%	16,195.79	51.00%	REP	Base MCF	
42	Research Area III MCH	100.00%	50,010	32.39%	16,195.79	51.00%	REP	Base MCF	
43	Secretary III CAPP	100.00%	37,054	32.39%	11,999.97		CAPP	Base MCF	
44	Secretary III CAPP FMR	65.00%	37,054	32.39%	7,799.98	100.00%	CAPP	Program	
45	Secretary IV MCH	100.00%	39,091	32.39%	13,859.66	51.00%	CAH	Base MCF	
46	St. Health Educator CAPP	100.00%	54,655	32.39%	17,700.08	100.00%	CAPP	Program	
47	St. Secretary IV MCH	100.00%	49,280	32.39%	15,959.38	51.00%	MCAH Admin.	Base MCF	The purpose of this program is to provide Medi-Cal eligible pregnant women.
48	St. Secretary IV MCH	100.00%	49,280	32.39%	15,959.38	51.00%	MCAH Admin.	Base MCF	
49	St. Triage CAPP	100.00%	32,979	32.39%	10,680.28	51.00%	CAPP	Base MCF	
50	St. Triage CAPP	75.00%	34,367	32.39%	8,347.34	51.00%	MCAH Admin.	Base MCF	
51	St. Triage CAPP	100.00%	47,267	32.39%	15,307.47	51.00%	MCAH Admin.	Base MCF	
52	St. Triage CAPP	100.00%	47,267	32.39%	15,307.47	51.00%	MCAH Admin.	Base MCF	
53	St. Triage CAPP	100.00%	40,253	32.39%	13,035.97	51.00%	MCAH Admin.	Base MCF	
54	St. Triage CAPP	20.00%	65,431	32.39%	4,237.98	51.00%	Admin Core	Base MCF	
55	St. Triage CAPP			32.39%			Admin Core	Base MCF	
56	St. Triage CAPP	10.00%	69,075	32.39%	2,237.00	51.00%	Admin Core	Base MCF	
57	St. Triage CAPP						Admin Core	Base MCF	Admin Core
58	St. Triage CAPP						Admin Core	Base MCF	
59	St. Triage CAPP	15.00%	83,270	32.39%	4,045.06	51.00%	Admin Core	Base MCF	
60	St. Triage CAPP						Admin Core	Base MCF	
61	St. Triage CAPP	100.00%	29,269	32.39%	9,478.79	51.00%	Admin Core	Base MCF	
62	St. Triage CAPP	100.00%	7,156	32.39%	2,317.48	51.00%	Admin Core	Base MCF	
63	St. Triage CAPP	100.00%	37,054	32.39%	13,199.97	51.00%	Admin Core	Base MCF	
64	St. Triage CAPP	100.00%	37,054	32.39%	11,999.97	51.00%	Admin Core	Base MCF	
65	St. Triage CAPP	100.00%	46,696	32.39%	15,122.55	51.00%	Admin Core	Base MCF	
66	St. Triage CAPP	100.00%	83,270	32.39%	26,967.07	51.00%	Admin Core	Base MCF	
67	St. Triage CAPP	100.00%	83,270	32.39%	26,967.07	51.00%	Admin Core	Base MCF	Base MCF
68	St. Triage CAPP	100.00%	72,931	32.39%	23,618.78	51.00%	Admin Core	Base MCF	
69	St. Triage CAPP	100.00%	72,931	32.39%	23,618.78	51.00%	Admin Core	Base MCF	
70	St. Triage CAPP	100.00%	72,931	32.39%	23,618.78	51.00%	Admin Core	Base MCF	
71	St. Triage CAPP	100.00%	72,931	32.39%	23,618.78	51.00%	Admin Core	Base MCF	
72	St. Triage CAPP	100.00%	72,931	32.39%	23,618.78	51.00%	Admin Core	Base MCF	
73	St. Triage CAPP	100.00%	72,931	32.39%	23,618.78	51.00%	Admin Core	Base MCF	
74	St. Triage CAPP	100.00%	72,931	32.39%	23,618.78	51.00%	Admin Core	Base MCF	
75	St. Triage CAPP	100.00%					Admin Core	Base MCF	
76	St. Triage CAPP	100.00%	69,078	32.39%	24,890.98	64.00%	Admin Core	Base MCF	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
77	St. Triage CAPP	100.00%	63,686	32.39%	23,144.77	64.00%	Admin Core	Base MCF	
78	St. Triage CAPP	100.00%	63,686	32.39%	23,144.77	64.00%	Admin Core	Base MCF	
79	St. Triage CAPP	100.00%	63,686	32.39%	21,944.77	64.00%	Admin Core	Base MCF	
80	St. Triage CAPP	100.00%	63,686	32.39%	21,944.77	64.00%	Admin Core	Base MCF	
81	St. Triage CAPP	100.00%	63,686	32.39%	21,944.77	64.00%	Admin Core	Base MCF	
82	St. Triage CAPP	100.00%	63,686	32.39%	23,144.77	64.00%	Admin Core	Base MCF	
83	St. Triage CAPP	100.00%	63,686	32.39%	23,144.77	64.00%	Admin Core	Base MCF	
84	St. Triage CAPP	100.00%	63,686	32.39%	23,144.77	64.00%	Admin Core	Base MCF	
85	St. Triage CAPP	100.00%	63,686	32.39%	23,144.77	64.00%	Admin Core	Base MCF	

Allocation/Grant No.:		200219	(1)	Benefit Rate Per Staff	Actual Benefit Amount Per Staff	MCF from Budget Column (1e)	Variable MCF (Enter "V" if true)	Program Name	Identify the Medi-Cal Factor Data Source	Explain any Non-Standard Medi-Cal Factor Data Source
83	MR	PHN FISP	100.00%	63.666	63.666	64.00%		NFP	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
84	MB	PHN FISP	100.00%	63.666	63.666	64.00%		NFP	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
85	YS	PHN FISP	100.00%	63.666	63.666	64.00%		NFP	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
86		PHN FISP	100.00%					NFP	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
87	LE	PHN FISP	100.00%	65.757	65.757	64.00%		POE	Targeted zip codes	POE Program provides prenatal home visitation services in targeted high risk zipcodes.
88	MR	PHN FISP	100.00%	31.953	31.953	64.00%		PNHP	Targeted zip codes	The SIC provides direct services to PNHP program which were targeted high risk zipcodes.
89	MA	PHN FISP	100.00%	63.666	63.666	64.00%		PCG - Prop 10	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
90	TA	PHN FISP	100.00%	63.666	63.666	64.00%		PCG - Prop 10	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
91	CD	PHN FISP	100.00%	63.666	63.666	64.00%		PCG - Prop 10	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
92	DL	PHN FISP	100.00%	63.666	63.666	64.00%		PCG - Prop 10	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
93	ML	PHN FISP	100.00%	57.135	57.135	64.00%		PCG - Prop 10	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
94	CM	PHN FISP	100.00%	57.135	57.135	64.00%		PCG - Prop 10	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
95	AC	PHN FISP	100.00%	57.135	57.135	64.00%		PCG - Prop 10	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
96	DS	PHN FISP	100.00%	69.078	69.078	64.00%		PCG - Prop 10	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
97	GC	PHN FISP	100.00%	32.979	32.979	64.00%		PCG - Prop 10	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
98	MM	PHN FISP	100.00%	32.979	32.979	64.00%		PCG - Prop 10	Targeted zip codes	PCG Program provides outreach, education and case management services in targeted high risk zipcodes.
99	JM	PHN FISP	100.00%	61.729	61.729	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
100	LM	PHN FISP	100.00%	61.729	61.729	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
101	DN	PHN FISP	100.00%	61.729	61.729	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
102	JO	PHN FISP	100.00%	61.729	61.729	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
103		PHN FISP	100.00%	61.729	61.729	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
104	LW	PHN FISP	100.00%	30.865	30.865	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
105	LM	PHN FISP	100.00%	66.955	66.955	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
106	LE	PHN FISP	100.00%	23.572	23.572	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
107	HC	PHN FISP	100.00%	23.572	23.572	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
108	SV	PHN FISP	100.00%	23.572	23.572	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
109		PHN FISP	100.00%					NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
110		PHN FISP	100.00%					NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
111		PHN FISP	100.00%	19.698	19.698	51.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
112		PHN FISP	100.00%	46.241	46.241	51.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
113		PHN FISP	100.00%					NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
114		PHN FISP	100.00%					NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
115		PHN FISP	100.00%					NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
116		PHN FISP	100.00%					NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
117	LL	PHN FISP	100.00%	32.876	32.876	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
118	BW	PHN FISP	100.00%	96.603	96.603	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
119	BW	PHN FISP	100.00%	96.603	96.603	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
120	BW	PHN FISP	100.00%	96.603	96.603	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
121	EN	PHN FISP	100.00%	37.054	37.054	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
122	EN	PHN FISP	100.00%	37.054	37.054	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
123	EN	PHN FISP	100.00%	37.054	37.054	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.
124	AT	PHN FISP	100.00%	34.708	34.708	64.00%		NFP - Prop 10	Targeted zip codes	NFP Program provides prenatal home visitation services in targeted high risk zipcodes.

I. BUDGET SUMMARY PAGE FY: 2002-03

Budget Revision Number: Original

Title V Balance	SGF Balance	Total Balance	Base MCF	% Personnel Matched
			0.64	

Program: BIH Black Infant Health

Agency: County of Los Angeles

Allocation/Grant No.: 200219

UNMATCHED FUNDING

NON-ENHANCED MATCHING (50/50)

ENHANCED MATCHING (75/25)

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
	TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local Revenue	%	Combined Fed/State	%	Combined Fed/State	%	Combined Fed/State	%	Combined Fed/State	MCF Pay	Start
(I) PERSONNEL																	
(II) OPERATING EXPENSES	14,418	10.47%	1,509	47.73%	6,882			41.80%	6,027							100.0%	
(III) CAPITAL EXPENDITURES																	
(IV) OTHER COSTS	1,912,320	29.60%	566,107	6.40%	122,328			64.00%	1,223,885							100.0%	
(V) INDIRECT COSTS																	
10% MAX																	
TOTALS*	1,926,738	29.46%	567,616	6.71%	129,210			63.83%	1,229,912								

Maximum Amount Payable from State and Federal resources: 1,926,738

Total Title V	State Funding
Total State General Funds	567,616
Total Agency General Fund	744,166
Total Matching Title XIX	1,311,782

Budgeted	Balances	% of Budget
567,616		29.46%
744,166		38.62%
614,956	n/a	31.92%
1,926,738	n/a	100.00%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCH ADMINISTRATIVE AND PROGRAM POLICIES.

MCH/PROJECT DIRECTOR'S SIGNATURE

12/19/02

DATE

AGENCY FISCAL AGENT'S SIGNATURE

12/19/02

DATE

State Use Only

* These amounts contain local revenue submitted for information and matching purposes. MCH does not reimburse Agency contributions.

State Use Only	BIH-TV	BIH-GF	BIH-N	CNTY-N	BIH-E	CNTY-E
(I) PERSONNEL						
(II) OPERATING COSTS	1,509	6,882	6,027			
(III) CAPITAL EXPENDITURES						
(IV) OTHER COSTS	566,107	122,328	1,223,885			
(V) INDIRECT COSTS						
Totals for PCA Codes **	1,926,738	567,616	129,210	1,229,912		

Program:		BIH Black Infant Health										UNMATCHED FUNDING										NON - ENHANCED MATCHING (50/50)										ENHANCED MATCHING (75/25)																																																								
Agency:		County of Los Angeles										BIH-IV					BIH-GF					AGENCY					BIH-N					CNTY-N					BIH-E					CNTY-E																																														
Allocation/Grant No.:		200219					(1)					(2)					(3)					(4)					(5)					(6)					(7)					(8)					(9)					(10)					(11)					(12)					(13)					(14)					(15)					(16)					(17)	
EXPENSE CATEGORY		TOTAL FUNDING					%					Federal Title V					%					State General Funds					%					Local Revenue					%					Combined Fed/State					%					Combined Fed/Agency					%					Combined Fed/State					%					Combined Fed/Agency					%					MCF Per Staff					Total	

II. OPERATING EXPENSES WORKSHEET		14,418	1,509	6,882	6,027																	
TOTAL OPERATING EXPENSES																						
TRAVEL																						
TRAINING																						
1	Operating Expenses	9,417																				
2	Program Redirections	5,001	30.17%	1,509	36.00%	3,492	69.83%															
3																						
4																						
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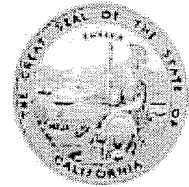
IV. OTHER COSTS WORKSHEET		1,912,320	566,107	122,328	122,385																	
TOTAL OTHER COSTS																						
SUBCONTRACTS																						
1	Great Beginnings for Black Babies	531,863	13.00%	69,142	23.00%	122,328																
2	Harbor-UCLA Research & Evaluation Institute	531,863	36.00%	191,471																		
3	Mission City Community Network	325,642	36.00%	117,231																		
4	Partners in Care Foundation	200,000	36.00%	72,000																		
5	Prototypes	322,952	36.00%	116,263																		
6																						
7																						
8																						
OTHER CHARGES																						
UNREIMBURSED INDIRECT																						
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						

[illegible]

1. PERSONNEL WORKSHEET

I. PERSONNEL WORKSHEET					
TOTAL PERSONNEL COSTS					
BENEFIT RATE					
ACTUAL BENEFITS					
TOTAL WAGES					
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY		
1					
2					
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State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
 Governor

California
 Department of
 Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
 Director

April 28, 2003

Program Letter: 02-04

TO: MATERNAL AND CHILD HEALTH (MCH) DIRECTORS
 BLACK INFANT HEALTH (BIH) DIRECTORS
 ADOLESCENT FAMILY LIFE PROGRAM (AFLP) DIRECTORS
 ADOLESCENT SIBLING PREGNANCY PREVENTION PROGRAM
 (ASPPP) DIRECTORS

SUBJECT: EXTENDING FISCAL YEAR (FY) 2002-2003 ALLOCATIONS FOR
 FY 2003-2004

Due to the delay in sending out the Application for Funding Allocation (AFA) caused by uncertainties regarding the Governor's Realignment proposal, it has become clear that it would be very difficult to have a new allocation approved and in place by July 1, 2003 or soon thereafter. Therefore, MCH has decided to extend your current FY 2002-2003 Title V and General Fund (GF) allocations until final funding is known. Proposition (Prop.) 99 Cigarette and Tobacco Surtax funds will unfortunately not be available for MCH in FY 2003-2004, so your FY 2003-04 scopes of work and budgets will not be able to include those activities and funds.

By extending the current year AFA your county will continue with the same scope of work (SOW) and budget as in the current year. Therefore, I have directed MCH staff to delay any site visits and conference calls specific to the development of next year's budget and AFA package until after the FY 2003-2004 budget is signed. You will likewise want to have your staff postpone working on the FY 2003-04 AFA until we are able to provide updated information.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:

www.consumerenergycenter.org/flex/index.html

714 P Street, Room 708
 Sacramento, CA 95814
 (916) 657-0049

MCH/BIH/AFLP/ASPPP Directors
Page 2
April 28, 2003

Your Contract Manager (CM) will be sending you an interim budget for FY 2003-2004 that will contain FY 2002-2003 budget numbers. Once the State budget is signed MCH will send out a new Allocation Table, and your State Program Consultant (PC) and CM will be available to assist you in revising your budget and Scope Of Work (SOW) according to available State and local funds.

Beginning with FY 2004-2005 the MCH Branch is proposing to go with a three-year Allocation, and Branch staff will be working with local MCH staff during this next year to prepare a three-year allocation package. Our intent is to reduce local MCH staff time spent in preparing and submitting an AFA package.

Should you have any questions regarding this letter please call Jim Link at (916) 657-0391, or you may Email him at Jlink@dhs.ca.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Susann J. Steinberg, M.D.", written in dark ink.

Susann J. Steinberg, M.D.
Acting Chief
Maternal and Child Health Branch

Contract No. H-208512-4

COUNTY BLACK INFANT HEALTH PROGRAM AGREEMENT

Amendment No. 4

THIS AMENDMENT is made and entered into this _____ day
of _____, 2003,

by and between COUNTY OF LOS ANGELES (hereafter
"County"),

and GREAT BEGINNINGS FOR BLACK
BABIES, INC.
(hereafter "Contractor").

WHEREAS reference is made to that certain document entitled
"COUNTY BLACK INFANT HEALTH PROGRAM AGREEMENT", dated July 1,
1997, and further identified as County Agreement No. H-208512,
between the County and Great Beginnings for Black Babies
("Contractor") and any Amendments thereto (all hereafter
referred to as "Agreement "); and

WHEREAS, it is the intent of the parties hereto to amend
Agreement to extend the term and to and make other hereinafter
designated changes; and

WHEREAS, said Agreement provides that changes may be made in
the form of a written amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. Paragraph 1, TERM, shall be revised as follows:

"1. TERM: The term of this Agreement shall commence on July 1, 1997 and shall continue in full force and effect through June 30, 2004, provided that available State funding is appropriated for the extended period, unless the desire, of either party not to renew the same is given in writing to the other party not less than thirty (30) days prior to the end of the initial 12-month term. In any event, either party may terminate this Agreement at any time, with or without cause, by giving at least a thirty (30) day written notice thereof to the other.

In the event of the expiration or prior termination of the term of this Agreement, Contractor shall fully cooperate with County to provide for the transition to whatever service replacement method County determines to be in its best interest.

Director may also suspend the performance of services hereunder, in whole or in part, upon Contractor's receipt of County's written notice. County's notice shall set forth the reasons for the suspension, the extent of the suspension, and the requirements for full restoration of the performance obligations.

County shall not be obligated for Contractor's

performance hereunder or by any provision of this Agreement during any of County's fiscal year (July 1 - June 30) unless and until County's Board of Supervisors accepts/appropriates Federal/State funds for this Agreement in County Budget for each fiscal year. If such funds are not forthcoming, County shall notify Contractor in writing of such non-allocation of funds at the earliest possible date.

Notwithstanding any other provision of this Agreement, the failure of Contractor or its officers, agents, or employees to comply with the terms of this Agreement or any written directives by or on behalf of County issued pursuant hereto shall constitute a material breach hereto and this Agreement may be terminated by County immediately. County's failure to exercise this right of termination shall not constitute a waiver of such right, which may be exercised at any subsequent time.

In the event of termination or suspension of this Agreement, Contractor shall:

A. If clients/patients are treated hereunder, make immediate and appropriate plans to transfer or refer all clients/patients treated under this Agreement to other agencies for continuing care in accordance with the clients'/patients' needs. Such plans shall be approved by

Director, except in such instance, as determined by Contractor, where an immediate client/patient transfer or referral is indicated. In such instances, Contractor may make an immediate transfer to referral.

B. Immediately eliminate all new costs and expenses under this Agreement. New costs and expenses include, but are not limited to, those associated with new client/patient admissions. In addition, Contractor shall immediately minimize all other costs and expenses under this Agreement. Contractor shall be reimbursed only for reasonable and necessary costs or expenses incurred after receipt of notice of termination.

C. Promptly report to County in writing all information necessary for the reimbursement of any outstanding claims and continuing costs.

2. Paragraph 3, DESCRIPTION OF SERVICES, shall be revised as follows:

"3. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibit A-V, attached hereto and incorporated herein by reference.

3. Paragraph 4, MAXIMUM OBLIGATION OF COUNTY, shall be revised as follows:

"4. MAXIMUM OBLIGATION OF COUNTY: During the period

July 1, 2003 through June 30, 2004, the maximum obligation of County for Contractor's performance hereunder shall not exceed Five Hundred Thirty One Thousand, Eight Hundred Sixty-Three Dollars (\$531,863) in accordance with Schedule VII, attached hereto and incorporated herein by reference"

4. Paragraph 71, COMPLIANCE WITH JURY SERVICE PROGRAM, shall be added to the Agreement as follows:

"71. COMPLIANCE WITH JURY SERVICE PROGRAM:

A. Jury Service Program: This Agreement is subject to the provisions of the County's ordinance entitled Contractor Employee Jury Service ("Jury Service Program") as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code.

B. Written Employee Jury Service Policy:

(1) Unless Contractor has demonstrated to the County's satisfaction either that Contractor is not a "Contractor" as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), Contractor shall have and adhere to a written policy that provides that its Employees shall receive from the Contractor, on an annual basis, no less than

five days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the Contractor or that the Contractor deduct from the Employee's regular pay the fees received for jury service.

(2) For the purposes of this Paragraph, and as set forth in the Jury Service Program provision of the County Code as described herein above: "Contractor" means a person, partnership, corporation or any other entity which has a contract with the County or a subcontract with a County contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one (1) or more County contracts or subcontracts; "employee" means any California resident who is a full time employee of Contractor; and "full time" shall mean forty (40) hours or more per week, or lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of ninety (90) days or less within a twelve (12) month period are not

considered full-time for purposes of Jury Service Program. If Contractor uses any subcontractor to perform services for the County under this Agreement, the subcontractor shall also be subject to the provisions of this Paragraph. The provisions of this Paragraph shall be inserted into any such subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.

(3) If Contractor is not required to comply with the Jury Service Program when this Agreement commences, Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Program's definition of "Contractor" or if Contractor no longer qualifies for an exception to the Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. The County may also require, at any time during the Agreement term and at its sole discretion, that Contractor demonstrate to the County's satisfaction that Contractor either

continues to remain outside of the Jury Service Program's definition of "contractor" and/or that Contractor continues to qualify for an exception to the Jury Service Program. The required form, "County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception", Exhibit C, is to be completed by the Contractor prior to Board approval of this Agreement and forwarded to County.

(4) Contractor's violation of this Section of the contract may constitute a material breach of this Agreement. In the event of such material breach, County may, in its sole discretion, terminate this Agreement and/or bar Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach."

5. Paragraph 72, SAFELY SURRENDERED BABY LAW LANGUAGE, shall be added to the Agreement as follows:

"72. A. NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW: The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to

safely surrender a baby. The fact sheet is set forth in Exhibit D of this contract and is also available on the Internet at www.babysafela.org for printing purposes.

B. Contractor's Acknowledgment of County's Commitment to the Safely Surrendered Baby Law: The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all Contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. The County's Department of Children and Family Services will supply the Contractor with the poster to be used."

6. Paragraph 73, NO PAYMENT FOR SERVICES PROVIDED FOLLOWING EXPIRATION/TERMINATION OF AGREEMENT, shall be added to the Agreement as follows:

"73. NO PAYMENT FOR SERVICES PROVIDED FOLLOWING EXPIRATION/TERMINATION OF AGREEMENT: Contractor shall have no claim against County for the payment of any monies, or reimbursements of any kind whatsoever, for any service provided by Contractor after the expiration or

(other) termination of this Agreement, even if Contractor's provision of such services were requested by County directly. Should Contractor receive any such payment, it shall immediately notify County and shall repay or return all such funds or reimbursements to County within a reasonable amount of time. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or (other) termination of this Agreement."

7. As of July 1, 2003, Exhibit A-V shall be added to the Agreement.

8. As of July 1, 2003, Schedule VII shall be added to the Agreement.

9. As of July 1, 2003, Exhibits A-V, and Schedule VII shall supersede and replace Exhibits A-IV and Schedule VI, respectively.

10. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

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/

/

Director of Health Services, and Contractor has caused this
Amendment to be subscribed in its behalf by its duly authorized
officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

GREAT BEGINNINGS FOR BLACK BABIES,
Inc.
Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
LLOYD W. PELLMAN
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services.

By _____
Acting Chief, Contracts and Grants
Division

AMENDCD2427.KH
kh:5/7/03

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM GREAT BEGINNINGS FOR BLACK BABIES, INC. CONTRACT NO. H-208512-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

- Goal 1: To reduce African American infant mortality through a comprehensive community-based effort by assuring that at risk pregnant and parenting women and their infants and children up to age two have access to quality maternal and child health services.
- Goal 2: To increase the number of African American women who receive prenatal care in the first trimester.
- Goal 3: To reduce the number of African American infants who weigh less than 2,500 grams at birth.
- Goal 4: To reduce the number of African American women who smoke, use alcohol, and/or non-prescription drugs during pregnancy.
- Goal 5: To reduce the number of African American babies who die due to Sudden Infant Death Syndrome(SIDS).
- Goal 6: To reduce African American maternal mortality.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
1. Conduct a community-based Black Infant Health Program (BIH) that supports, facilitates, and promotes better health care services for at-risk African American women* who are pregnant and/or parenting a child under 2 years of age.	1.1 Recruit, hire, and maintain a culturally competent Program Manager to supervise and coordinate the State Prenatal Care Outreach (PCO) and Social Support and Empowerment (SSE) models, and the Data Collection System (BIH-MIS).	07/01/03-06/30/04	1.1 Maintain on file current job description; recruitment ads/bulletins/flyers; employment applications and supporting documents (resumes and degrees/licenses/certificates).
* 18 years of age and older	1.1a Include the County BIH Coordinator in the final Program Manager interview process.	07/01/03-06/30/04	1.1a Maintain on file recruitment correspondence; the County BIH Coordinator's interview rating sheet(s), comments, and hiring recommendation.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM
GREAT BEGINNINGS FOR BLACK BABIES, INC.
CONTRACT NO. H-208512-4
SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	1.2 Recruit, hire, and maintain culturally competent Community Health Outreach Workers (CHOWs) to provide care coordination services.	07/01/03 - 06/30/04	1.2 Maintain on file current job description; recruitment ads/bulletins/flyers; employment applications and supporting documents (resumes and degrees/licenses/certificates).
	1.3 Recruit, hire, and maintain a culturally competent Health Educator to facilitate the SSE model and to coordinate SSE efforts into care coordination services.	07/01/03 - 06/30/04	1.3 Maintain on file current job description; recruitment ads/bulletins/flyers; employment applications and supporting documents (resumes and degrees/licenses/certificates).
	1.4 Recruit, hire, and maintain a culturally competent Data Entry Clerk to perform BIH-MIS data entry and to provide admin./clerical support.	07/01/03 - 06/30/04	1.4 Maintain on file current job description; recruitment ads/bulletins/flyers; employment applications and supporting documents (resumes and degrees/licenses/certificates).

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM
GREAT BEGINNINGS FOR BLACK BABIES, INC.
CONTRACT NO. H-208512-4
SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	1.5 Recruit, hire, and maintain additional culturally competent staff to perform BIH implementation activities with approval from the County program office.	07/1/03 - 06/30/04	1.5 Maintain on file current job description; recruitment ads/bulletins/flyers; employment applications and supporting documents (resumes and degrees/licenses/certificates).
	1.6 Train all staff according to the State BIH PCO, SSE, and BIH-MIS guidelines. Training to be conducted by State or Contractor staff.	07/01/03-On-going	1.6 Maintain training documentation in training and employee files.
	1.7 Ensure staff receives perinatal health and relevant training. Training topics include those identified in the model curriculums.	07/01/03-On-going	1.7 Maintain training documentation in training and employee files.
	1.8 Train staff and consultants on the Federal Financial Participation (Time Study) in accordance with DHS and State MCH policies and procedures. When scheduled, attend mandatory time study training. All staff and consultants must complete quarterly time study documents.	Quarterly	1.8 Maintain time study training documentation in employee and consultant file. Time study packages must be postmarked no later than the 5 th working day of the month following the month the time study was conducted.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM GREAT BEGINNINGS FOR BLACK BABIES, INC. CONTRACT NO. H-208512-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
2. Maintain effective communication, collaboration, and program coordination with the DHS Program Office to maximize program efforts and to ensure continuity in the countywide BIH Program.	2.1 Maintain coordination and collaboration with the County BIH Coordinator. Document program activities on the monthly report.	07/01/03-06/30/04	2.1 Submit the monthly report to the BIH Clerk postmarked no later than the 15th day of the following month.
	2.2 Maintain coordination and collaboration with the Contract Program Auditor. Document fiscal activities (invoices, time study documents, etc.) on the monthly invoice or the appropriate form.	07/01/03-06/30/04	2.2 Submit the monthly invoice to the BIH clerk postmarked no later than the 15th day of the following month. Submit the time study to the DHS Program Office quarterly. Maintain on file.
3. Implement State DHS MCH Prenatal Care Outreach (PCO) Model. Maintain PCO caseload of 500 clients. Enroll no more than 55 clients per 1.0 FTE CHOW. <i>Definition:</i> Care Coordination services are non-diagnostic (no medical or psychological diagnosis or treatment) and clients are followed from a socioeconomic perspective. Case files are closed when a client is lost to follow-up after 10 weeks.	3.1 Develop an outreach strategic plan to target African American women in their first trimester of pregnancy and who are not receiving prenatal care.	07/01/03 - 08/31/03	3.1 Submit plan to County BIH Coordinator and maintain on file.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM GREAT BEGINNINGS FOR BLACK BABIES, INC. CONTRACT NO. H-208512-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	3.2 Develop care coordination protocols and procedures based on PCO model.	07/01/03 - 10/31/03	3.2 Maintain written protocols and procedures on file and submit to County BIH Coordinator. Maintain daily outreach activities on Outreach Activities Tracking form.
	3.3 Develop an Incentives Inventory Log and Distribution Policy	07/01/03- 06/30/04	3.3 Maintain log and distribution policy on file.
	3.4 Conduct street outreach activities in the following South Central Los Angeles zip codes: 90005, 90008, 90016, 90018, 90019, 90034, 90035, 90037, 90043, 90044, 90045, 90047, 90062, 90230, 90247, 90248, 90249, 90250, 90301, 90302, 90303, 90305, and the Jordan Downs Housing Development.	07/01/03 - 06/30/04	3.4 Maintain an Outreach Activities Binder (OAB) that contains documentation of the number of monthly and fiscal-year-to-date outreach contacts; the location(s) and zip code(s) where outreach was conducted.
	3.5 Enroll clients in PCO. Ensure client access to essential and culturally appropriate perinatal and post-partum services, well baby care, immunizations, and related psycho-social services.	07/01/03 - 06/30/04	3.5 Maintain documentation in the client file.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM GREAT BEGINNINGS FOR BLACK BABIES, INC. CONTRACT NO. H-208512-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
3.6 Implement State DHS MCH Social Support/Empowerment Intervention Model (SSE) Enroll a minimum of 100 clients.	3.6 Conduct care coordination services. Care coordination includes care plan development; monthly home visits contingent upon caseload number; one-on-one health education; data forms completion; progress note documentation; distributing incentives; and conducting case conferences, etc.	07/01/03 - 06/30/04	3.6 Maintain documentation of health education, data forms, the care plan and incentive items in the client file. Maintain on file case conference sign-in sheets and minutes.
4.1 Develop culturally appropriate SSE care coordination protocols and procedures based on SSE Model guidelines.	4.1 Develop culturally appropriate SSE care coordination protocols and procedures based on SSE Model guidelines.	07/01/03 - 07/31/03	4.1 Submit SSE care coordination protocol to the County BIH Coordinator and maintain on file.
4.2 Develop strategies to encourage clients to participate in SSE Support Group sessions.	4.2 Develop strategies to encourage clients to participate in SSE Support Group sessions.	07/01/03 - 06/30/04	4.2 Strategies will include written plans and documentation shall be maintained on file.
4.3 CHOWs will recruit Support Group participants during outreach, case coordination and follow-up activities.	4.3 CHOWs will recruit Support Group participants during outreach, case coordination and follow-up activities.	07/01/03 - 06/30/04	4.3 Maintain list of participants on file.
4.4 Conduct weekly Support Group meeting based on the SSE Model guidelines.	4.4 Conduct weekly Support Group meeting based on the SSE Model guidelines.	07/01/03 - 06/30/04	4.4 Maintain documentation in the client file.
5.1 Utilize the BIH Data Collection System each month to ensure that BIH data is input, updated, and maintained for monthly electronic uploading to the state MCH Branch.	5.1 Develop a Data Collection/Entry Protocol.	07/01/03 - 07/31/03	5.1 Submit the Data Collection/Entry Protocol to the County BIH Coordinator. Maintain on file.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM
GREAT BEGINNINGS FOR BLACK BABIES, INC.
CONTRACT NO. H-208512-4
SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	5.2 The Data Entry Clerk, or designated BIH staff person, will input, update, and maintain client BIH-MIS data for monthly electronic uploading to the MCH Branch. MIS data must match documentation written in the client files.	07/01/03 - 06/30/04	5.2 Maintain BIH-MIS data.
6. Conduct culturally competent community outreach and awareness campaigns to inform and to educate the community and African American women about the importance for early access and maintenance of prenatal care. Maintain referral relationships with community groups.	6.1 Establish and maintain a viable BIH Community Advisory Board (CAB) to provide input, facilitation and support for strategies to improve African American birth outcomes.	07/01/03- 06/30/04	6.1 Maintain on file a list of members and documentation of meeting notices, agenda and minutes.
	6.2 Establish referral relationships to increase the availability of services for BIH clients in the target area.	07/01/03 - 06/30/04	6.2 Maintain referrals in the Referral Binder.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM GREAT BEGINNINGS FOR BLACK BABIES, INC. CONTRACT NO. H-208512-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
7. Implement a "Celebrate Healthy Babies"* event to mobilize and increase community awareness regarding African American infant morbidity and mortality, and to emphasize perinatal care access, low birth weight, prematurity, and nutrition, and well as preconceptual care issues on at least an annual basis.	7.1 Design the "Celebrate Healthy Babies" event and submit plan to BIH Program Coordinator for approval.	07/01/03-06/30/04	7.1 Maintain event plan and County approval on file.
	7.2 Solicit in-kind contributions for prizes, food, incentives, etc.	07/01/03-06/30/04	7.2 Maintain documentation on file.
* Participant fees may not be requested for any event, conference, training or workshop co-sponsored and paid for with DHS funds.	7.3 Publicize the "Celebrate Healthy Babies" event.	07/01/03-06/30/04	7.3 Maintain documentation on file.
	7.4 Conduct the "Celebrate Healthy Babies" event.	07/01/03-06/30/03	7.4 Maintain documentation in the monthly or semi-annual report. Include a description of the event and the number of attendees.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM GREAT BEGINNINGS FOR BLACK BABIES, INC. CONTRACT NO. H-208512-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
8. Develop and implement educational strategies that assist pregnant African American women to understand the causes of low birth weight.	8.1 Review and update educational materials when appropriate. If revised, submit documents to BIH Program Coordinator.	07/01/03-10/01/03	8.1 Maintain documentation on file.
	8.2 Educate pregnant African-American women on the causes of low birth weight including smoking, substance abuse, and prematurity. Existing educational resources may be used, e.g. What African American Women Should Know About Preterm Labor", "Kern County's BIH Prematurity Prevention intervention; CPSP kick count information, as well as appropriate material used as guides to prevent premature births.	07/01/03-06/30/04	8.2 Submit description of educational activities in the monthly report and maintain documentation in the client file.
	8.3 Coordinate efforts with local perinatal care providers to ensure that providers refer clients to BIH and distribute resource information on the need for adequate prenatal care and healthy lifestyle choices, with emphasis on the need to recognize signs and symptoms of preterm labor to prevent premature births.	07/01/03-06/30/04	8.3 Maintain documentation on file.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM GREAT BEGINNINGS FOR BLACK BABIES, INC. CONTRACT NO. H-208512-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
9. Coordinate with existing treatment services for substance and alcohol abuse and smoking cessation programs to refer pregnant African American women to eliminate or reduce risky behaviors during pregnancy and postpartum.	9.1 Train BIH staff to identify and refer clients to treatment services by : <ul style="list-style-type: none"> Identifying client's risky behavior (e.g. use of alcohol, illicit drug, or tobacco products); Encouraging client to disclose their risky behaviors; Referring client to appropriate treatment services. 	07/01/03-06/30/04	9.1 Maintain documentation of staff training in training and employee files.
	9.2 Identify African-American pregnant women who currently use alcohol, illicit substances, and/or tobacco products for referral to appropriate treatment programs.	07/01/03-06/30/04	9.2 Maintain documentation in client files and describe activities in the monthly report.
	9.3 Monitor client's behavior modification efforts to identify a reduction in adverse behavior during pregnancy.	07/01/03-06/30/04	9.3 Maintain documentation in client file.
10. In conjunction with the State's SIDS Program, educate African American families about SIDS deaths in the African American community, and the strategies that may prevent SIDS deaths.	10.1 Disseminate and discuss SIDS resource materials including the Back to Sleep campaign to pregnant African-American women and their families during outreach activities and home visits.	07/01/03-06/30/04	10.1 Maintain documentation in client file and report activities in monthly report.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM GREAT BEGINNINGS FOR BLACK BABIES, INC. CONTRACT NO. H-208512-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
11. Conduct the Sister-to-Sister Program* to expand program efforts to improve the im health of BIH clients. What is Sister to Sister? Add one line description of what this program is.	11.1 Design Program objective, inclusive of implementation activities and methods of evaluation.	07/01/03 - 07/31/03	11.1 Submit plan to County BIH Coordinator for approval and maintain on file.
* <i>Sister-to-Sister Program</i> is a social support program that gives BIH clients additional social support opportunities by establishing a mentoring relationship between clients (Little Sister) and the mentor (Big Sisters).	11.2 Implement the Sister to Sister Program.	08/01/03 - 05/01/04	11.2 Maintain documentation on file.
	11.3 Prepare a detailed written evaluation of the Program.	06/01/04	11.3 Submit evaluation report to the County BIH Coordinator.
12. Implement the African-American Nutrition Program and integrate components in the current BIH PCO Model.	12.1 Finalize the African American Nutrition Report and submit to BIH Program Coordinator for approval.	07/01/03- 09/01/03	12.1 Report must be approved by both County BIH Coordinator and State BIH Program Administrator.

EXHIBIT A-V

**BLACK INFANT HEALTH (BIH) PROGRAM
GREAT BEGINNINGS FOR BLACK BABIES, INC.
CONTRACT NO. H-208512-4
SCOPE OF WORK**

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	12.2 Develop a draft provider protocol and materials for preliminary review by County BIH Coordinator and State MCH Branch.	07/01/03-09/01/03	12.2 Submit copy of protocol to County BIH Coordinator for approval and maintain on file.
	12.3 Train staff using the African American nutrition education curriculum in the PCO model.	09/01/03-06/30/04	12.3 Maintain documentation of training in the training and employee file.
	12.4 Provide and integrate nutrition education to BIH clients during outreach activities.	09/01/03-06/30/04	12.4 Maintain documentation in client file.

**GREAT BEGINNINGS FOR BLACK BABIES
BLACK INFANT HEALTH PROGRAM**

**CONTRACT NUMBER H208512
JULY 1, 2003 through JUNE 30, 2004**

I. PERSONNEL	NO. OF FTE	% OF FTE	NO. OF MONTHS	MONTHLY SALARY	APPROVED BUDGET
Program Manager (M. Strickland)	1	90%	12	\$4,870.00	\$52,596
Project Coordinator (H. Augustus)	1	50%	12	3650.00	21,900
Nurse (P. Knight)	1	25%	9	3760.00	8,460
Nurse (H. Price)	1	20%	12	4000.00	9,600
Registered Dietician (Vacant)	1	20%	6	4000.00	4,800
Health Educator (R. Traynham)	1	50%	12	3332.00	19,992
CHOW (T. Tatum)	1	100%	12	1745.70	20,948
CHOW (S. Jones)	1	100%	12	1815.30	21,784
CHOW (V. McCoy)	1	100%	12	1878.30	22,540
CHOW (O. Dawson)	1	100%	12	1069.00	12,828
CHOW (D. Ryals)	1	100%	12	1855.30	22,264
CHOW (T. Willis)	1	100%	12	2256.50	27,078
CHOW (T. Profit)	1	100%	12	1690.80	20,290
Word Processor (A. Eldridge)	1	100%	12	2238.00	26,856
Word Processor (C. Boswell)	1	100%	12	570.00	6,840
Subtotal Salaries					\$298,776
Employee Benefits @ 25%					\$74,694
TOTAL PERSONNEL & EBs					\$373,470
II. OPERATING EXPENSES					
Consultant					\$12,000
Rent					17,580
Communications					9,000
Travel					10,420
Special Events					20000
Promotion Incentives					9,500
Postage					2,900
Printing/Duplicating					12,700
Insurance					5,500
Staff Development					5,996
Services and Supplies					10450
Publications					5,000
TOTAL OPERATING EXPENSES					\$121,046
III. INDIRECT COSTS @ 10% (Salaries)					\$37,347
TOTAL PROGRAM BUDGET					\$531,863

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM APPLICATION FOR EXEMPTION AND CERTIFICATION FORM

The County's solicitation for this contract/purchase order (Request for Proposal or Invitation for Bid) is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program) (Los Angeles County Code, Chapter 2.203). All bidders or proposers, whether a contractor or subcontractor, must complete this form to either 1) request an exemption from the Program requirements or 2) certify compliance. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the bidder or proposer is exempt from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	()	
Solicitation For (Type of Goods or Services):		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- ☐ My Business does not meet the definition of "contractor", as defined in the Program as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exemption is not available if the contract/purchase order itself will exceed \$50,000). I understand that the exemption will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- ☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exemption will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- ☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- ☐ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

**no shame.
no blame.
no names.**

**now there's a way to
safely surrender your baby**



The Safely Surrendered Baby Law A Confidential Safe Haven For Newborns

In California, the Safely Surrendered Baby Law allows an individual to give up an unwanted infant with no fear of arrest or prosecution for abandonment as long as the baby has not been abused or neglected. The law does not require that names be given when the baby is surrendered. Parents are permitted to bring a baby within 3 days of birth to any hospital emergency room or other designated safe haven in California. The baby will be placed in a foster or pre-adoptive home.

In California, no one ever has to abandon a child again.

In Los Angeles County:

(877) BABY SAFE

(877) 222-9723

babysafela.org



State of California
Gray Davis, Governor
Health and Human Services Agency
Grantland Johnson, Secretary
Department of Social Services
Rita Saenz, Director



Los Angeles County Board of Supervisors
Gloria Molina, Supervisor, First District
Yvonne Brathwaite Burke, Supervisor, Second District
Zev Yaroslavsky, Supervisor, Third District
Don Knabe, Supervisor, Fourth District
Michael D. Antonovich, Supervisor, Fifth District

This initiative is also supported by First 5 LA and INFO LINE of Los Angeles

What is the Safely Surrendered Baby Law?

It's a new law. Under this law, a person may surrender their baby confidentially. As long as the baby has not been abused or neglected, the person may do so without fear of arrest or prosecution.

How does it work?

A distressed parent who is unable or unwilling to care for an infant can legally, confidentially and safely surrender their baby within 3 days of birth. All that is required is that the baby be brought to a hospital emergency room in California. As long as the child shows no signs of abuse or neglect, no name or other information is required. A bracelet will be placed on the baby for identification. A matching bracelet will be given to the parent. The bracelet will help connect the parent to the baby if the parent wants the baby back.

Can only a parent bring in the baby?

In most cases, a parent will bring in the baby. The law allows another person to bring in the baby if they have legal custody.

Does the parent have to call before bringing in the baby?

No. A parent can bring in a baby anytime, 24 hours a day, 7 days a week.

Does a parent have to tell anything to the people taking the baby?

No. Nothing is required. However, hospital personnel will give the parent a medical information questionnaire that is designed to gather family medical history. This could be very useful in caring for the child but it is up to the parent to complete it.

What happens to the baby?

The baby will be examined and given medical treatment, if needed. Then the baby will be placed in a foster or pre-adoptive home.

What happens to the parent?

Once the parent(s) has safely turned over the baby, they are free to go.

What if a parent wants the baby back?

The parent(s) may take the bracelet back to the hospital. Hospital personnel will provide information about the baby.

Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being hurt or killed because they were abandoned.

You may have heard tragic stories of babies left in dumpsters or public toilets. The persons who committed these acts may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had nowhere to turn for help, they abandoned their infants.

Abandoning a baby puts the child in extreme danger. It is also illegal. Too often, it results in the baby's death. Because of the Safely Surrendered Baby Law, this tragedy doesn't ever have to happen in California again.

The Eighteenth Safely Surrendered Baby in California

At 8:30 a.m. on Thursday, July 25, 2002, a healthy newborn baby was brought to St. Bernardine Medical Center in San Bernardino under the provisions of the California Safely Surrendered Baby Law.

This baby was the eighteenth child protected under California's Safely Surrendered Baby Law. As the law states, the baby's mother did not have to identify herself. When the baby was brought to the emergency room, he was examined by a pediatrician, who determined that the baby was healthy and doing fine. He was placed in a foster home for short-term care while the adoption process was started.

Every baby deserves a chance for a healthy life. If you or someone you know is considering giving up a child, learn about your options.

Certainly we would prefer that women seek help while they are pregnant, not after giving birth, to receive proper medical care and counseling. But at the same time, we want to assure parents who choose not to keep their baby that they will not go to jail if they deliver their babies to safe hands in a hospital emergency room.

Contract No. H-208513-4

COUNTY BLACK INFANT HEALTH PROGRAM AGREEMENT

Amendment No. 4

THIS AMENDMENT is made and entered into this _____ day
of _____, 2003,

by and between

COUNTY OF LOS ANGELES (hereafter
"County"),

and

HARBOR/UCLA RESEARCH AND
EDUCATION INSTITUTE,
(hereafter "Contractor").

WHEREAS reference is made to that certain document entitled
"COUNTY BLACK INFANT HEALTH PROGRAM AGREEMENT", dated July 1,
1997, and further identified as County Agreement No. H-208513,
between the County and Great Beginnings for Black Babies
("Contractor") and any Amendments thereto (all hereafter
referred to as "Agreement "); and

WHEREAS, it is the intent of the parties hereto to amend
Agreement to extend the term and to and make other hereinafter
designated changes; and

WHEREAS, said Agreement provides that changes may be made in
the form of a written amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. Paragraph 1, TERM, shall be revised as follows:

"1. TERM: The term of this Agreement shall commence on July 1, 1997 and shall continue in full force and effect through June 30, 2004, provided that available State funding is appropriated for the extended period, unless the desire, of either party not to renew the same is given in writing to the other party not less than thirty (30) days prior to the end of the initial 12-month term. In any event, either party may terminate this Agreement at any time, with or without cause, by giving at least a thirty (30) day written notice thereof to the other.

In the event of the expiration or prior termination of the term of this Agreement, Contractor shall fully cooperate with County to provide for the transition to whatever service replacement method County determines to be in its best interest.

Director may also suspend the performance of services hereunder, in whole or in part, upon Contractor's receipt of County's written notice. County's notice shall set forth the reasons for the suspension, the extent of the suspension, and the requirements for full restoration of the performance obligations.

County shall not be obligated for Contractor's

performance hereunder or by any provision of this Agreement during any of County's fiscal year (July 1 - June 30) unless and until County's Board of Supervisors accepts/appropriates Federal/State funds for this Agreement in County Budget for each fiscal year. If such funds are not forthcoming, County shall notify Contractor in writing of such non-allocation of funds at the earliest possible date.

Notwithstanding any other provision of this Agreement, the failure of Contractor or its officers, agents, or employees to comply with the terms of this Agreement or any written directives by or on behalf of County issued pursuant hereto shall constitute a material breach hereto and this Agreement may be terminated by County immediately. County's failure to exercise this right of termination shall not constitute a waiver of such right, which may be exercised at any subsequent time.

In the event of termination or suspension of this Agreement, Contractor shall:

A. If clients/patients are treated hereunder, make immediate and appropriate plans to transfer or refer all clients/patients treated under this Agreement to other agencies for continuing care in accordance with the clients'/patients' needs. Such plans shall be approved by

Director, except in such instance, as determined by Contractor, where an immediate client/patient transfer or referral is indicated. In such instances, Contractor may make an immediate transfer to referral.

B. Immediately eliminate all new costs and expenses under this Agreement. New costs and expenses include, but are not limited to, those associated with new client/patient admissions. In addition, Contractor shall immediately minimize all other costs and expenses under this Agreement. Contractor shall be reimbursed only for reasonable and necessary costs or expenses incurred after receipt of notice of termination.

C. Promptly report to County in writing all information necessary for the reimbursement of any outstanding claims and continuing costs.

2. Paragraph 3, DESCRIPTION OF SERVICES, shall be revised as follows:

"3. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibit A-V, attached hereto and incorporated herein by reference.

3. Paragraph 4, MAXIMUM OBLIGATION OF COUNTY, shall be revised as follows:

"4. MAXIMUM OBLIGATION OF COUNTY: During the period

July 1, 2003 through June 30, 2004, the maximum obligation of County for Contractor's performance hereunder shall not exceed Five Hundred Thirty One Thousand, Eight Hundred Sixty-Three Dollars (\$531,863) in accordance with Schedule VII, attached hereto and incorporated herein by reference"

4. Paragraph 71, COMPLIANCE WITH JURY SERVICE PROGRAM, shall be added to the Agreement as follows:

"71. COMPLIANCE WITH JURY SERVICE PROGRAM:

A. Jury Service Program: This Agreement is subject to the provisions of the County's ordinance entitled Contractor Employee Jury Service ("Jury Service Program") as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code.

B. Written Employee Jury Service Policy:

(1) Unless Contractor has demonstrated to the County's satisfaction either that Contractor is not a "Contractor" as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), Contractor shall have and adhere to a written policy that provides that its Employees shall receive from the Contractor, on an annual basis, no less than

five days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the Contractor or that the Contractor deduct from the Employee's regular pay the fees received for jury service.

(2) For the purposes of this Paragraph, and as set forth in the Jury Service Program provision of the County Code as described herein above: "Contractor" means a person, partnership, corporation or any other entity which has a contract with the County or a subcontract with a County contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one (1) or more County contracts or subcontracts; "employee" means any California resident who is a full time employee of Contractor; and "full time" shall mean forty (40) hours or more per week, or lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of ninety (90) days or less within a twelve (12) month period are not

considered full-time for purposes of Jury Service Program. If Contractor uses any subcontractor to perform services for the County under this Agreement, the subcontractor shall also be subject to the provisions of this Paragraph. The provisions of this Paragraph shall be inserted into any such subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.

(3) If Contractor is not required to comply with the Jury Service Program when this Agreement commences, Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Program's definition of "Contractor" or if Contractor no longer qualifies for an exception to the Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. The County may also require, at any time during the Agreement term and at its sole discretion, that Contractor demonstrate to the County's satisfaction that Contractor either

continues to remain outside of the Jury Service Program's definition of "contractor" and/or that Contractor continues to qualify for an exception to the Jury Service Program. The required form, "County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception", Exhibit C, is to be completed by the Contractor prior to Board approval of this Agreement and forwarded to County.

(4) Contractor's violation of this Section of the contract may constitute a material breach of this Agreement. In the event of such material breach, County may, in its sole discretion, terminate this Agreement and/or bar Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach.

5. Paragraph 72, SAFELY SURRENDERED BABY LAW LANGUAGE, shall be added to the Agreement as follows:

"72. A. NOTICE TO EMPLOYEES REGARDING THE SAFELY

SURRENDERED BABY LAW: The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to

safely surrender a baby. The fact sheet is set forth in Exhibit D of this contract and is also available on the Internet at www.babysafela.org for printing purposes.

1. Contractor's Acknowledgment of County's Commitment to the Safely Surrendered Baby Law: The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all Contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. The County's Department of Children and Family Services will supply the Contractor with the poster to be used."

6. Paragraph 73, NO PAYMENT FOR SERVICES PROVIDED FOLLOWING EXPIRATION/TERMINATION OF AGREEMENT, SHALL BE ADDED TO THE Agreement as follows:

"73. NO PAYMENT FOR SERVICES PROVIDED FOLLOWING EXPIRATION/TERMINATION OF AGREEMENT: Contractor shall have no claim against County for the payment of any monies, or reimbursements of any kind whatsoever, for any service provided by Contractor after the expiration or

(other) termination of this Agreement, even if Contractor's provision of such services were requested by County directly. Should Contractor receive any such payment, it shall immediately notify County and shall repay or return all such funds or reimbursements to County within a reasonable amount of time. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or (other) termination of this Agreement."

7. As of July 1, 2003, Exhibit A-V shall be added to the Agreement.

8. As of July 1, 2003, Schedule VII shall be added to the Agreement.

9. As of July 1, 2003, Exhibits A-V, and Schedule VII shall supersede and replace Exhibits A-IV and Schedule VI, respectively.

10. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

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Director of Health Services, and Contractor has caused this
Amendment to be subscribed in its behalf by its duly authorized
officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

HARBOR/UCLA RESEARCH AND
EDUCATION INSTITUTE
Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
LLOYD W. PELLMAN
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Acting Chief, Contracts and Grants
Division

AMENDCD2428.KH
kh:5/7/03

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM

HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC.

CONTRACT NO. H-208513-4

SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

- Goal 1: To reduce African American infant mortality through a comprehensive community-based effort by assuring that at risk pregnant and parenting women and their infants and children up to age two have access to quality maternal and child health services.
- Goal 2: To increase the number of African American women who receive prenatal care in the first trimester.
- Goal 3: To reduce the number of African American infants who weigh less than 2,500 grams at birth.
- Goal 4: To reduce the number of African American women who smoke, use alcohol, and/or non-prescription drugs during pregnancy.
- Goal 5: To reduce the number of African American babies who die due to Sudden Infant Death Syndrome(SIDS)
- Goal 6: To reduce African American maternal mortality.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
1. Conduct a community-based Black Infant Health Program (BIH) that supports facilitate, and promotes better health care services for at-risk African American women * who are pregnant and/or parenting a child under 2 years of age.	1.1 Recruit, hire, and maintain a culturally competent Program Manager to supervise and coordinate the State Prenatal Care Outreach (PCO) and Social Support and Empowerment (SSE) models, and the Data Collection System (BIH-MIS).	07/01/03-06/30/04	1.1 Maintain on file current job description; recruitment ads/bulletins/flyers; employment applications and supporting documents (resumes and degrees/licenses/certificates).
* 18 years of age and older	1.1a Include the County BIH Coordinator in the final Program Manager interview process.	07/01/03-06/30/04	1.1a Maintain on file recruitment correspondence; the County BIH Coordinator's interview rating sheet(s), comments, and hiring recommendation.

EXHIBIT A-V

**BLACK INFANT HEALTH (BIH) PROGRAM
HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC.
CONTRACT NO. H-208513-4
SCOPE OF WORK**

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	1.2 Recruit, hire, and maintain culturally competent Community Health Outreach Workers (CHOWs) to provide care coordination services.	07/01/03 - 06/30/04	1.2 Maintain on file current job description; recruitment ads/bulletins/flyers; employment applications and supporting documents (resumes and degrees/licenses/certificates).
	1.3 Recruit, hire, and maintain a culturally competent Health Educator to facilitate the SSE model and to coordinate SSE efforts into care coordination services.	07/01/03 - 06/30/04	1.3 Maintain on file current job description; recruitment ads/bulletins/flyers; employment applications and supporting documents (resumes and degrees/licenses/certificates).
	1.4 Recruit, hire, and maintain a culturally competent Data Entry Clerk to perform BIH-MIS data entry and to provide admin./clerical support.	07/01/03 - 06/30/04	1.4 Maintain on file current job description; recruitment ads/bulletins/flyers; employment applications and supporting documents (resumes and degrees/licenses/certificates).

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC. CONTRACT NO. H-208513-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	1.5 Recruit, hire, and maintain additional culturally competent staff to perform BIH implementation activities with approval from the County program office.	07/1/03 - 06/30/04	1.5 Maintain on file current job description; recruitment ads/bulletins/flyers; employment applications and supporting documents (resumes and degrees/licenses/certificates).
	1.6 Train all staff according to the State BIH PCO, SSE, and BIH-MIS guidelines. Training to be conducted by State or Contractor staff.	07/01/03- On-going	1.6 Maintain training documentation in training and employee files.
	1.7 Ensure staff receives perinatal health and relevant training. Training topics include those identified in the model curriculums.	07/01/03- On-going	1.7 Maintain training documentation in training and employee files.
	1.8 Train staff and consultants on the Federal Financial Participation (Time Study) in accordance with DHS and State MCH policies and procedures. When scheduled, attend mandatory time study training. All staff and consultants must complete quarterly time study documents.	Quarterly	1.8 Maintain time study training documentation in employee and consultant file. Time study packages must be postmarked no later than the 5 th working day of the month following the month the time study was conducted.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM

HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC.

CONTRACT NO. H-208513-4

SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
2. Maintain effective communication, collaboration, and program coordination with the DHS Program Office to maximize program efforts and to ensure continuity in the countywide BIH Program.	2.1 Maintain coordination and collaboration with the County BIH Coordinator. Document program activities on the monthly report.	07/01/03-06/30/04	2.1 Submit the monthly report to the BIH Clerk postmarked no later than the 15th day of the following month.
	2.2 Maintain coordination and collaboration with the Contract Program Auditor. Document fiscal activities (invoices, time study documents, etc.) on the monthly invoice or appropriate form.	07/01/03-06/30/04	2.2 Submit the monthly invoice to the BIH clerk postmarked no later than the 15th day of the following month. Submit the time study to the DHS Program Office quarterly. Maintain on file.
3. Implement State DHS MCH Prenatal Care Outreach (PCO) Model. Maintain PCO caseload of <u>500</u> clients. Enroll no more than 55 clients per 1.0 FTE CHOW. <i>Definition:</i> Care Coordination services are non-diagnostic (no medical or psychological diagnosis or treatment) and clients are followed from a socioeconomic perspective. Case files are closed when a client is lost to follow-up after 10 weeks.	3.1 Develop an outreach strategic plan to target African American women in their first trimester of pregnancy and who are not receiving prenatal care.	07/01/03 - 08/31/03	3.1 Submit plan to County BIH Coordinator and maintain on file.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC. CONTRACT NO. H-208513-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	3.2 Develop care coordination protocols and procedures based on PCO model.	07/01/03 - 10/31/03	3.2 Maintain written protocols and procedures on file and submit to County BIH Coordinator. Maintain daily outreach activities on Outreach Activities Tracking form.
	3.3 Develop an Incentives Inventory Log and Distribution Policy.	07/01/03 - 06/30/04	3.3 Maintain log and distribution policy on file.
	3.4 Conduct street outreach activities in the following Los Angeles zip codes: 90001, 90002, 90003, 90007, 90011, 90037, 90044, 90058, 90059, 90061, 90062, 90220, 90221, 90222, 90250, 90262, 90280, 90706, 90723, and 90746.	07/01/03 - 06/30/04	3.4 Maintain an Outreach Activities Binder (OAB) that contains documentation of the number of monthly and fiscal-year-to-date outreach contacts, the location(s) and zip code(s) where outreach was conducted.
	3.5 Enroll clients in PCO. Ensure client access to essential and culturally appropriate perinatal and post-partum services, well baby care, immunizations, and related psycho-social services.	07/01/03 - 06/30/04	3.5 Maintain documentation in the client file.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC. CONTRACT NO. H-208513-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	3.6 Conduct care coordination services. Care coordination includes care plan development; monthly home visits contingent upon caseload number; one-on-one health education; data forms completion; progress note documentation; distributing incentives; and conducting case conferences, etc.	07/01/03 - 06/30/04	3.6 Maintain documentation of health education, data forms, the care plan and incentive items in the client file. Maintain on file case conference sign-in sheets and minutes.
4. Implement State DHS MCH Social Support/Empowerment Intervention Model (SSE) Enroll a minimum of <u>100</u> clients.	4.1 Develop culturally appropriate SSE care coordination protocols and procedures based on SSE Model guidelines.	07/01/03 - 07/31/03	4.1 Submit SSE care coordination protocol to the County BIH Coordinator and maintain on file.
	4.2 Develop strategies to encourage clients to participate in SSE Support Group sessions.	07/01/03 - 06/30/04	4.2 Strategies will include written plans and documentation shall be maintained on file.
	4.3 CHOWs will recruit Support Group participants during outreach, case coordination and follow-up activities.	07/01/03 - 06/30/04	4.3 Maintain list of participants on file.
	4.4 Conduct weekly Support Group meeting based on the SSE Model guidelines.	07/01/03 - 06/30/04	4.4 Maintain documentation in the client file.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC. CONTRACT NO. H-208513-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
5. Utilize the BIH Data Collection System each month to ensure that BIH data is input, updated, and maintained for monthly electronic uploading to the state MCH Branch.	5.1 Develop a Data Collection/Entry Protocol. 5.2 The Data Entry Clerk, or designated BIH staff person, will input, update, and maintain client BIH-MIS data for monthly electronic uploading to the MCH Branch. MIS data must match documentation written in the client files.	07/01/03 - 07/31/03	5.1 Submit the Data Collection/Entry Protocol to the County BIH Coordinator. Maintain on file. 5.2 Maintain BIH-MIS data.
6. Conduct culturally competent community outreach and awareness campaigns to inform and to educate the community and African American women about the importance for early access and maintenance of prenatal care. Maintain referral relationships with community groups.	6.1 Establish and maintain a viable BIH Community Advisory Board (CAB) to provide input, facilitation and support for strategies to improve African American birth outcomes.	07/01/03-06/30/04	6.1 Maintain on file a list of members and documentation of meeting notices, agenda, and minutes.
	6.2 Establish referral relationships to increase the availability of services for BIH clients in the target area.	07/01/03 - 06/30/04	6.2 Maintain referrals in the Referral Binder.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC. CONTRACT NO. H-208513-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
7. Implement a "Celebrate Healthy Babies"* event to mobilize and increase community awareness regarding African American infant morbidity and mortality, and to emphasize perinatal care access, low birth weight, prematurity, and nutrition, and well as preconceptual care issues on at least an annual basis.	7.1 Design the "Celebrate Healthy Babies" event and submit plan to BIH Program Coordinator for approval.	07/01/03-06/30/04	7.1 Maintain event plan and County approval on file.
	7.2 Solicit in-kind contributions for prizes, food, incentives, etc.	07/01/03-06/30/04	7.2 Maintain documentation on file.
* Participant fees may not be requested for any event, conference, training or workshop co-sponsored and paid for with DHS funds.	7.3 Publicize the "Celebrate Healthy Babies" event.	07/01/03-06/30/04	7.3 Maintain documentation on file.
	7.4 Conduct the "Celebrate Healthy Babies" event.	07/01/03-06/30/03	7.4 Maintain documentation in the monthly or semi-annual report. Include a description of the event and the number of attendees.
8. Develop and implement educational strategies that assist pregnant African American women to understand the causes of low birth weight.	8.1 Review and update educational materials when appropriate. If revised, submit documents to BIH Program Coordinator.	07/01//03-10/01/03	8.1 Maintain documentation on file.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM

HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC.

CONTRACT NO. H-208513-4

SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	8.2 Educate pregnant African-American women on the causes of low birth weight including smoking, substance abuse, and prematurity. Existing educational resources may be used, e.g. What African American Women Should Know About Preterm Labor", "Kern County's BIH Prematurity Prevention intervention; CPSP kick count information, as well as appropriate material used as guides to prevent premature births.	07/01/03-06/30/04	8.2 Submit description of educational activities in the monthly report and maintain documentation in the client file.
	8.3 Coordinate efforts with local perinatal care providers to ensure that providers refer clients to BIH and distribute resource information on the need for adequate prenatal care and healthy lifestyle choices, with emphasis on the need to recognize signs and symptoms of preterm labor to prevent premature births.	07/01/03-06/30/04	8.3 Maintain documentation on file.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC. CONTRACT NO. H-208513-4 SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
9. Coordinate with existing treatment services for substance and alcohol abuse and smoking cessation programs to refer pregnant African American women to eliminate or reduce risky behaviors during pregnancy and postpartum.	9.1 Train BIH staff to identify and refer clients to treatment services by : <ul style="list-style-type: none"> Identifying client's risky behavior (e.g. use of alcohol, illicit drug, or tobacco products); Encouraging client to disclose their risky behaviors; Referring client to appropriate treatment services. 	07/01/03-06/30/04	9.1 Maintain documentation of staff training in training and employee files.
	9.2 Identify African-American pregnant women who currently use alcohol, illicit substances, and/or tobacco products for referral to appropriate treatment programs.	07/01/03-06/30/04	9.2 Maintain documentation in client files and describe activities in the monthly report.
	9.3 Monitor client's behavior modification efforts to identify a reduction in adverse behavior during pregnancy.	07/01/03-06/30/04	9.3 Maintain documentation in client file.
10. In conjunction with the State's SIDS Program, educate African American families about SIDS deaths in the African American community, and the strategies that may prevent SIDS deaths.	10.1 Disseminate and discuss SIDS resource materials including the Back to Sleep campaign to pregnant African American women and their families during outreach activities and home visits.	07/01/03-06/30/04	10.1 Maintain documentation in client file and report activities in monthly report.

EXHIBIT A-V

BLACK INFANT HEALTH (BIH) PROGRAM
HARBOR/UCLA RESEARCH AND EDUCATION INSTITUTE, INC.
CONTRACT NO. H-208513-4
SCOPE OF WORK

JULY 1, 2003 THROUGH JUNE 30, 2004

Contractor must work toward achieving the following measurable objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

MEASURABLE OBJECTIVE	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD OF EVALUATION
	10.2 Assess and monitor new born sleeping patterns with mothers during follow-up visits.	07/01/03-06/30/04	10.2 Maintain documentation in client file.
11. Conduct a breast feeding program to expand program efforts to improve the health of BIH clients.	11.1 Design Program objective, inclusive of implementation activities and methods of evaluation.	07/01/03 - 09/30/03	11.1 Submit plan to County BIH Coordinator for approval and maintain on file.
	11.2 Implement the program.	09/30/03 - 05/01/04	11.2 Maintain documentation on file.
	11.3 Prepare a detailed written evaluation of the Program.	06/01/04	11.3 Submit evaluation report to the County BIH Coordinator.

**HARBOR UCLA RESEARCH & EDUCATION INSTITUTE
BLACK INFANT HEALTH PROGRAM**

**CONTRACT NUMBER H208513
JULY 1, 2003 through JUNE 30, 2004**

I. PERSONNEL	NO. OF FTE	% OF FTE	NO. OF MONTHS	MONTHLY SALARY	APPROVED BUDGET
Project Manager (D. Gaspard)	1	50%	12	\$5,857.00	35,142
Sr. Health Educator (A. Kellman-Holmes)	1	50%	12	\$4,746.25	28,478
Health Educator (L. Miles)	1	100%	12	\$3,433.05	41,197
Home Visitation Field Supv. (A. McLaughlin)	1	50%	12	\$3,862.78	23,177
CHOW II (S. Jackson)	1	50%	12	\$2,133.25	12,800
CHOW (B. Allen)	1	70%	12	\$1,953.05	16,406
CHOW (C. Smith)	1	70%	12	\$1,830.24	15,374
CHOW (A. Conley)	1	70%	12	\$1,653.69	13,891
CHOW (R. Williams)	1	70%	12	\$1,896.26	15,929
CHOW (A. Brown)	1	70%	12	\$1,680.95	14,120
CHOW (D. Peoples)	1	70%	12	\$1,667.37	14,006
CHOW (C. McClure)	1	70%	12	\$1,880.80	15,799
CHOW (Y. Gilcrest, med. leave)	1	70%	12	\$1,850.00	15,540
CHOW (TBH)	1	70%	12	\$1,850.00	15,540
CHOW (TBH)	1	70%	12	\$1,850.00	15,540
CHOW (TBH)	1	70%	12	\$1,850.00	15,540
Clerk/Data Entry (W. Sanchez)	1	50%	12	\$1,964.23	11,785
Subtotal Salaries					\$320,264
Employee Benefits @ 33.4%					\$106,968
TOTAL PERSONNEL & EBs					\$427,232
II. OPERATING EXPENSES					
Communications					\$9,951
Consultants					
Educational Materials					4,500
Equipment					
Incentives					9,215
Mileage					7,589
Office Supplies					4,000
Rent					28,700
Training					3,150
Travel					5,500
TOTAL OPERATING EXPENSES					\$72,605
III. INDIRECT COSTS @ 10% (Salaries)					\$32,026
TOTAL PROGRAM BUDGET					\$531,863

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM APPLICATION FOR EXEMPTION AND CERTIFICATION FORM

The County's solicitation for this contract/purchase order (Request for Proposal or Invitation for Bid) is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program) (Los Angeles County Code, Chapter 2.203). All bidders or proposers, whether a contractor or subcontractor, must complete this form to either 1) request an exemption from the Program requirements or 2) certify compliance. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the bidder or proposer is exempt from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	()	
Solicitation For (Type of Goods or Services):		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- ☐ My Business does not meet the definition of "contractor", as defined in the Program as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exemption is not available if the contract/purchase order itself will exceed \$50,000). I understand that the exemption will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- ☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exemption will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- ☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- ☐ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

**no shame.
no blame.
no names.**

**now there's a way to
safely surrender your baby**



The Safely Surrendered Baby Law A Confidential Safe Haven For Newborns

In California, the Safely Surrendered Baby Law allows an individual to give up an unwanted infant with no fear of arrest or prosecution for abandonment as long as the baby has not been abused or neglected. The law does not require that names be given when the baby is surrendered. Parents are permitted to bring a baby within 3 days of birth to any hospital emergency room or other designated safe haven in California. The baby will be placed in a foster or pre-adoptive home.

In California, no one ever has to abandon a child again.

In Los Angeles County:

(877) BABY SAFE

(877) 222-9723

babysafela.org



State of California
Gray Davis, Governor

Health and Human Services Agency
Grantland Johnson, Secretary

Department of Social Services
Rita Saenz, Director



Los Angeles County Board of Supervisors

Gloria Molina, Supervisor, First District
Yvonne Brathwaite Burke, Supervisor, Second District
Zev Yaroslavsky, Supervisor, Third District
Don Knabe, Supervisor, Fourth District
Michael D. Antonovich, Supervisor, Fifth District

This initiative is also supported by First 5 LA and INFO LINE of Los Angeles

What is the Safely Surrendered Baby Law?

It's a new law. Under this law, a person may surrender their baby confidentially. As long as the baby has not been abused or neglected, the person may do so without fear of arrest or prosecution.

How does it work?

A distressed parent who is unable or unwilling to care for an infant can legally, confidentially and safely surrender their baby within 3 days of birth. All that is required is that the baby be brought to a hospital emergency room in California. As long as the child shows no signs of abuse or neglect, no name or other information is required. A bracelet will be placed on the baby for identification. A matching bracelet will be given to the parent. The bracelet will help connect the parent to the baby if the parent wants the baby back.

Can only a parent bring in the baby?

In most cases, a parent will bring in the baby. The law allows another person to bring in the baby if they have legal custody.

Does the parent have to call before bringing in the baby?

No. A parent can bring in a baby anytime, 24 hours a day, 7 days a week.

Does a parent have to tell anything to the people taking the baby?

No. Nothing is required. However, hospital personnel will give the parent a medical information questionnaire that is designed to gather family medical history. This could be very useful in caring for the child but it is up to the parent to complete it.

What happens to the baby?

The baby will be examined and given medical treatment, if needed. Then the baby will be placed in a foster or pre-adoptive home.

What happens to the parent?

Once the parent(s) has safely turned over the baby, they are free to go.

What if a parent wants the baby back?

The parent(s) may take the bracelet back to the hospital. Hospital personnel will provide information about the baby.

Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being hurt or killed because they were abandoned.

You may have heard tragic stories of babies left in dumpsters or public toilets. The persons who committed these acts may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had nowhere to turn for help, they abandoned their infants.

Abandoning a baby puts the child in extreme danger. It is also illegal. Too often, it results in the baby's death. Because of the Safely Surrendered Baby Law, this tragedy doesn't ever have to happen in California again.

The Eighteenth Safely Surrendered Baby in California

At 8:30 a.m. on Thursday, July 25, 2002, a healthy newborn baby was brought to St. Bernardine Medical Center in San Bernardino under the provisions of the California Safely Surrendered Baby Law.

This baby was the eighteenth child protected under California's Safely Surrendered Baby Law. As the law states, the baby's mother did not have to identify herself. When the baby was brought to the emergency room, he was examined by a pediatrician, who determined that the baby was healthy and doing fine. He was placed in a foster home for short-term care while the adoption process was started.

Every baby deserves a chance for a healthy life. If you or someone you know is considering giving up a child, learn about your options.

Certainly we would prefer that women seek help while they are pregnant, not after giving birth, to receive proper medical care and counseling. But at the same time, we want to assure parents who choose not to keep their baby that they will not go to jail if they deliver their babies to safe hands in a hospital emergency room.